

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002B Any Size Group - POS
Product Name: Aetna Health Insurance Company
Project Name/Number: DCAHICLG1Q14/

Filing at a Glance

Company: Aetna Health Insurance Company
Product Name: Aetna Health Insurance Company
State: District of Columbia
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.002B Any Size Group - POS
Filing Type: Rate
Date Submitted: 11/25/2013
SERFF Tr Num: AETN-129301473
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: DCAHICLG1Q14
Implementation: 01/01/2014
Date Requested:
Author(s): Barbara Hill, Robert Li, David Walker, Kyle Norris
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002B Any Size Group - POS
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General Information

Project Name: DCAHICLG1Q14
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 11/25/2013
State Status Changed:
Created By: Kyle Norris
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Large
Overall Rate Impact: 10.2%

Deemer Date:
Submitted By: Kyle Norris

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

Aetna Health Insurance Company 1Q14 Large Group QPOS rate filing for DC.

Company and Contact

Filing Contact Information

Barbara Hill, ACTUARIAL CONSULTANT HillBL@aetna.com
980 Jolly Road 215-775-6074 [Phone]
M.S. U12S
Blue Bell, PA 19422

Filing Company Information

Aetna Health Insurance Company	CoCode: 72052	State of Domicile:
980 Jolly Road	Group Code: 1	Pennsylvania
Blue Bell, PA 19422	Group Name:	Company Type:
(999) 999-9999 ext. [Phone]	FEIN Number: 23-2710210	State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	Aetna Health Insurance Company
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002B Any Size Group - POS		
Product Name:	Aetna Health Insurance Company		
Project Name/Number:	DCAHICLG1Q14/		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 3.800%

Effective Date of Last Rate Revision: 01/01/2013

Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Aetna Health Insurance Company	Increase	10.200%	10.200%	\$295,708	52	\$2,888,458	10.400%	9.500%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:				464	12	2		
Policy Holders:				48	3	1		

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Rate Review Detail

COMPANY:

Company Name: Aetna Health Insurance Company
HHS Issuer Id: 73987

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Aetna Health Insurance Company			478

Trend Factors:

FORMS:

New Policy Forms:

Affected Forms:

Other Affected Forms: CHIDC GP-1 0402,CHI/DC INSCT-1-A (10/01),CHI DC SBQPOS-2 06-06

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 5,870
Benefit Change: None
Percent Change Requested: Min: 9.5 Max: 10.4 Avg: 10.2

PRIOR RATE:

Total Earned Premium: 2,888,458.00
Total Incurred Claims: 1,528,060.00
Annual \$: Min: 257.25 Max: 558.41 Avg: 492.07

REQUESTED RATE:

Projected Earned Premium: 3,184,167.00
Projected Incurred Claims: 1,628,498.00
Annual \$: Min: 283.59 Max: 615.58 Avg: 542.45

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		1Q14 QPOS Rate Manual	CHIDC GP-1 0402, CHI/DC INSCT-1-A (10/01), CHI DC SBQPOS-2 06-06	Revised	Previous State Filing Number: AETN-128705762 Percent Rate Change Request: 10.2	DC 1Q14 rate manual.pdf,

**Aetna Health Insurance Company
District of Columbia**

**Large Group Business
Rate Manual**

Table of Contents

Description

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Medical Benefit Plans for groups 101+	Section B
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Appendix A – Administrative Expenses and Profit Factor Calculation	Page 1

General

The attached pages contain worksheets and instructions for calculating the community rates for the plans available from Aetna Health Insurance Company (AHIC) as well as tables of adjustments for certain benefit variations and copayment options. AHIC is a subsidiary of Aetna Inc. that writes indemnity health insurance, the non-referred and out-of-network portion of our Quality Point of Service (QPOS) product, and the Aetna HealthFundtm.

Factors for intermediate benefits supported by our forms filings, but not specifically listed in the factor tables will be derived by linear interpolation or extrapolation.

Medical Benefit Plan – Manual Rate Calculation

Refer to the Medical Plan Rate Development Worksheet.

I. Starting Base Plan Claim Cost

The Starting Base Plan Claim Cost is the PMPM for a \$0 copay plan. Select the appropriate Starting Base Plan Claim Cost from the Starting Base Plan Claim Cost table.

II. Benefit Categories: Facility Inpatient, Facility Outpatient, and Non Facility

Column (1) represents the line item expense (LIE) category weight. Enter the “Column (1) Line Item Expense (LIE) Category Weight” table and select the appropriate weights based on the medical product being rated.

For each line item expense, select the appropriate medical benefit adjustment factors and place in the appropriate column of the rate worksheet. For each line item expense, the following describes the initial steps needed to calculate a rate.

- Col. (2): Enter the Include/Exclude Factor from the appropriate table.
- Col. (3): Enter the Copay Factor from the appropriate table for each line item. If no benefit feature relates to this column, insert a factor of 1.00.
- Col. (4): Enter the Coinsurance Factor from the appropriate table for each line item. If no benefit feature relates to this column, insert a factor of 1.00.
- Col. (5): Enter the Days or Visits Maximum Factor from the appropriate table for each line item. If no benefit feature relates to this column, insert a factor of 1.00.
- Col. (6): Enter the Dollar Maximum Annual and/or Lifetime Factor from the appropriate table for each line item. If no benefit feature relates to this column, insert a factor of 1.00.
- Col. (7): Enter the Mandated Benefit Factor from the appropriate table for each line item. If no benefit feature relates to this column, insert a factor of 1.00.
- Col. (8): Enter the Routine Limit and Emergency Room Penalty Factors from the appropriate tables for each line item. If no benefit feature relates to this column, insert a factor of 1.00.
- Col. (9): Enter the Inpatient Pre-Certification Factor from the appropriate table. If no benefit feature relates to this column, insert a factor of 1.00.

Col. (10A-B): Enter the product of columns (1) through (9) in the appropriate column (A) or (B), depending upon deductible applicability for each line item.

Sum up the results for columns [10A] and [10B] at the bottom of each column and call this Total Medical.

III. Bottom Line Adjustments

Deductible Carryover Factor

The Deductible Carryover Factor accounts for expenses incurred during the last three months of the prior year applied to the prior year deductible and carried over to be applied to the current year deductible.

Determine the Deductible Carryover Factor for column [10A] based on the plan's adjusted deductible amount (the deductible minus an allowance for copays collectable on services subject to the deductible). For column [10B] this factor is set to 1.00. For any adjusted deductible amount that is not represented on the table, interpolate between the bordering tables values.

Deductible Factor

The Deductible Factor is the amount a member must pay for covered services (except where the deductible is waived) before plan benefits begin.

Determine the Deductible Factor for column [10A] from the appropriate table based on the plan's adjusted deductible amount (the deductible minus an allowance for copays collectable on services subject to the deductible), the percent of services subject to plan deductible, and a determination as to whether the deductible applies to Med/Surg. For column [10B], this factor is set to 1.00. For any adjusted deductible amount that is not represented on the table, interpolate between the bordering tables values.

Interim Product

For columns [10A] and [10B], multiply the sum for each column (as calculated at the end of Section II.) by the Deductible Carryover, and Deductible Factors.

Example:

(Sum of [10A]) x (column [10A]'s Deductible Carryover Factor) x (column [10A]'s Deductible Factor)

Interim Sum (1)

Add together the results of the Interim Product calculation for columns [10A] and [10B].

Out-of-Pocket Limit Factor

The Out-of-Pocket Limit Factor accounts for the cost of benefits in excess of the Out-Of-Pocket Limit that are paid at 100% by the plan.

For plans with average coinsurance less than 98%, select the appropriate factor from either Out-of-Pocket table a1. or a2. based on the plan's Out-of-Pocket trigger (the expected value of claims above which point the plan pays 100%) and a determination as to whether the Med/Surg per Confinement Deductible applies

to the Out-of-Pocket Limit. For any Out-of-Pocket trigger point that is not represented on the table, interpolate between the bordering tables values. To calculate the Out-of-Pocket Limit Factor used in the rate calculation, perform the following calculation:

$$\begin{array}{l}
 \text{Out-of-Pocket Limit Factor from the Out-of-Pocket table a1. or a2.} \\
 \times \\
 (1 - \text{Average Plan Coinsurance}) \\
 \times \\
 \% \text{ of Services Subject to the Out-of-Pocket Limit} \\
 \times \\
 \text{Copay Limit Adjustment Factor}
 \end{array}$$

For plans with average coinsurance greater than or equal to 98%, select the appropriate factor from Out-of-Pocket table b. based on the Med/Surg per Confinement Deductible and the Out-of-Pocket Limit.

Interim Sum (2)

Add together the results of the Interim Sum from above and the Out-of-Pocket Factor.

Cross Application Factor

The Cross Application Factor accounts for the impact of applying member expenses to both the In and Out-of-Network deductible and/or out-of-pocket limit.

If Deductible and Out-of-Pocket Cross Application do not apply, enter a factor of 1.00 into the worksheet. If Deductible and/or Out-of-Pocket Cross Application apply, select the appropriate Cross Application Factor(s) from the respective tables. If both Deductible and Out-of-Pocket Cross Application apply, then enter the product of the two Cross Application Factors into the Medical Rate Development Worksheet.

Entry into the Deductible Cross Application table is based on the Preferred and Non-Preferred Deductibles.

Entry into the Out-of-Pocket Limit Cross Application table is based on the Preferred and Non-Preferred trigger points (where the trigger point is the expected value of claims above which point the plan pays 100%). For adjusted trigger points not represented on the tables, interpolate between the bordering values.

Maximum Benefit Factors

The Maximum Benefit Factor is the maximum benefit that a member can receive for covered services.

If appropriate, select the appropriate factor from the Maximum Benefit Factor table (Annual and/or Lifetime).

Contract State Mandate Adjustment Factor

The Contract State Mandate Adjustment Factor may be used to account for state mandates. Currently, this factor is always 1.0000.

Select the appropriate factor from the Contract State Mandate Adjustment Factor table.

Family Deductible Limit Factor

The Family Deductible Limit Factor limits the amount a family may be required to pay due to application of the deductible feature of the plan.

The standard approach to deriving the Family Deductible Limit Factor for the 1x/2x/2.5x/3x limits is as follows:

- a. Select the appropriate factor from the Family Deductible Limit – Standard Family Limit table using the adjusted deductible and the family limit desired.
- b. Get the % of services subject to the plan deductible.
- c. The Family Deductible Limit Factor equals $1 + [a - 1] \times b$.

Use the following methodology when the TIF (True Individual Family) approach is used:

- a. Select the appropriate factor from the Family Deductible Limit – TIF Family Limit Definition table using the adjusted plan deductible, family limit desired and billing tier.
- b. Derive the weighted adjustment factor for the billing tier structure below, assuming coding for actual values:

<u>2-Tier</u>	<u>Single</u>	<u>Family</u>		
Subscriber Count	A	B		
Tier Factor	PA	PB		
<u>3-Tier</u>	<u>Single</u>	<u>2 Party</u>	<u>Family</u>	
Subscriber Count	A	C	D	
Tier Factor	PA	PC	PD	
<u>4-Tier</u>	<u>Single</u>	<u>Couple</u>	<u>EE+Ch(n)</u>	<u>Family</u>
Subscriber Count	A	E	F	G
Tier Factor	PA	PE	PF	PG

As an example, the calculation for a 2x limit with deductible between \$1 and \$500 is as follows:

- 1) 2 Tier Billing: $\frac{A \times PA \times 1.0000 + B \times PB \times 1.0120}{A \times PA + B \times PB}$
- 2) 3 Tier Billing: $\frac{A \times PA \times 1.0000 + C \times PC \times .9850 + D \times PD \times 1.0250}{A \times PA + C \times PC + D \times PD}$
- 3) 4 Tier Billing: $\frac{A \times PA \times 1.0000 + E \times PE \times .9850 + F \times PF \times .9930 + G \times PG \times 1.0320}{A \times PA + E \times PE + F \times PF + G \times PG}$

The above calculation for 1x/2.5x/3x limits and/or deductibles would use the same formulas but different factors from the Family Deductible Limit – TIF Family Limit Definition table.

- c. Get % services subject to the plan deductible.
- d. The Family Deductible Limit Factor equals $1 + (b - 1) \times c$.

Deductible Credit Factor

The Deductible Credit Factor provides credit when deductible amounts accrued with a prior carrier are not to be credited to the current year deductible with Aetna.

Select the appropriate factor from the Deductible Credit Factor table.

Family Out-of-Pocket Limit Factor

The Family Out-of-Pocket Limit Factor limits the amount a family may be required to pay due to the application of the out-of-pocket feature of the plan.

For the standard approach, select the appropriate factor from the Standard Family Limit Definition table.

Use the following methodology when the TIF approach is used:

- a. Select the appropriate factor from the Family Out-of-Pocket Limit – TIF Family Limit Definition table based on the billing tier and family limit.
- b. Derive the weighted adjustment factor for the billing tier structure below, assuming coding for actual values:

<u>2-Tier</u>	<u>Single</u>	<u>Family</u>
Subscriber Count	A	B
Tier Factor	PA	PB

<u>3-Tier</u>	<u>Single</u>	<u>2 Party</u>	<u>Family</u>
Subscriber Count	A	C	D
Tier Factor	PA	PC	PD

<u>4-Tier</u>	<u>Single</u>	<u>Couple</u>	<u>EE+Ch(n)</u>	<u>Family</u>
Subscriber Count	A	E	F	G
Tier Factor	PA	PE	PF	PG

As an example, the calculation for the 2x limit is as follows:

- 1) 2 Tier Billing:
$$\frac{A \times PA \times 1.0000 + B \times PB \times .9850}{A \times PA + B \times PB}$$
- 2) 3 Tier Billing:
$$\frac{A \times PA \times 1.0000 + C \times PC \times .9850 + D \times PD \times .9850}{A \times PA + C \times PC + D \times PD}$$
- 3) 4 Tier Billing:
$$\frac{A \times PA \times 1.0000 + E \times PE \times .9850 + F \times PF \times .9850 + G \times PG \times .9850}{A \times PA + E \times PE + F \times PF + G \times PG}$$

The above calculation for the 1x, 2.5x and 3x limits would use the same formulas but different factors from the Family Out-of-Pocket Limit – TIF Family Limit Definition table.

Professional Fee Schedule Factor

The Professional Fee Schedule Factor adjusts rates to account for different reimbursement schedules that may be chosen for payments to Out of Network providers.

Select the appropriate factor from the Professional Fee Schedule table.

Facility Fee Schedule Factor

The Facility Fee Schedule Factor adjusts rates to account for different reimbursement schedules that may be chosen for payments to Out of Network facilities.

Select the appropriate factor from the Facility Fee Schedule table.

National Advantage Factor

National Advantage is a program offered by Aetna that allows the plan sponsor to obtain claim savings on covered claims for the out-of-network portion of managed care products, or for emergency/medically necessary services not provided within the network that would otherwise be paid at billed charges or R&C.

Select the appropriate factor from the National Advantage Factor table.

Custom Product Factor

The Custom Product Factor allows adjustments for custom benefits not specifically delineated in the filing.

Select the appropriate factor from the Custom Product Factor table.

Step Therapy/Pre-certification Adjustment Factor

The Step Therapy/Pre-certification Adjustment Factor accounts for precertification and step therapy requirements that precede the use of specified medications.

Select the appropriate factor from the Step Therapy/Pre-certification Adjustment Factor table.

Participation/Virgin Risk Factor

The Participation Factor allows adjustments if a group's participation falls below 50%.

The Virgin Risk Factor allows adjustments for groups that do not currently offer their employees coverage but are now going to offer coverage. The groups have no claim experience so the rates will be based on Book of Business.

Select the appropriate factor from the Participation Factor table.

Select the appropriate factor from the Virgin Risk Factor table.

Multiply the two factors to get the product.

Mental Health Deductible Factor

The Mental Health Deductible Factor accounts for the deductible impact for stand-alone mental health products.

Select the appropriate factor from the Mental Health Deductible Factor table.

Benefit Adjustment Factor

The Benefit Adjustment Factor is a product of the above factors.

Multiply the following together to get the Benefit Adjustment Factor:

Interim Sum (2)	
x	
Cross Application of Out-of-Pocket Limit Factor	
x	
Maximum Benefit Factor	
x	
Contract State Mandate Adjustment Factor	
x	
Family Deductible Limit Factor	
x	
Deductible Credit Factor	
x	
Family Out-of-Pocket Limit Factor	
x	
Professional Fee Schedule Factor	
x	
Facility Fee Schedule Factor	
x	
National Advantage Factor	
x	
Custom Product Factor	
x	
Step Therapy/Pre-certification Adjustment Factor	
x	
Participation/Virgin Risk	
x	
Mental Health Deductible Factor	

Selection Load Factor

The Selection Load Factor is an adjustment based on the ratio of the calculated benefit factor to a benchmark benefit factor used to account for favorable selection in plans with higher member cost sharing features.

Calculate the ratio of the Benefit Adjustment Factor to the Anchor Plan Value. Using this ratio, select the appropriate factor from the Selection Load Factor table.

Final Benefit Adjustment Factor

The Final Benefit Adjustment Factor is the product of Benefit Adjustment Factor x Selection Load Factor.

Multiply the following together to get the Final Benefit Adjustment Factor to the Base Plan Claim Cost:

Benefit Adjustment Factor

x

Selection Load Factor

IV. Trend Adjusted Medical Starting Claim Costs

Base Plan Component Steerage Factor

Select the Base Plan Component Steerage factor from the Base Plan Component Steerage Table.

Component Base Relativity Factor

Select the Component Base Relativity factor from the Component Base Relativity Table.

Normalized Claim Relativity Factor

Enter a value of 1.0000 for the Normalized Claim Relativity Factor.

Base Plan Claim Cost PMPM

Multiply the following together to get the Base Plan Claim Cost PMPM:

Base Plan Claim Cost

x

Base Plan Component Steerage Factor

x

Component Base Relativity Factor

x

Normalized Claim Relativity Factor

Flex Plan Claim Costs

Multiply the Base Plan Claim Cost by the Final Benefit Adjustment.

Trend Factor

Select the appropriate trend from the Trend Factor table.

Steerage Factor

Select the Steerage Factor from the Steerage Factor table.

Trend Adjusted Flex Plan Claim Cost

Multiply the Flex Plan Claim Cost PMPM by Trend and Steerage Factors.

Flex Plan Claim Cost PMPM

x

Trend Factor

x

Steerage Factor

The Steerage Factors are determined as a function of the Preferred Final Benefit Adjustment and the relationship of the Preferred Final Benefit Adjustment to the Non-Preferred Final Benefit Adjustment.

V. Interim Adjusted Flex Plan Claim Cost

Industry Factor

Select the appropriate factor from the Industry Factor table.

Rating Area Factor

Select the appropriate factor from the Rating Area Factor table.

Age/Gender Factor

Calculate the appropriate New Business Age/Gender Factor as follows:

Use the New Business Subscriber Based Age/Gender Factor table, the expected employee census, segmented by age, gender and rate tier, and the Tier Factors to calculate the adjustment factor. First sum the product of the expected subscribers times the appropriate age/gender and Tier factors. This result is then divided by the sum of the product of the expected subscribers by tier times the appropriate Tier factors to obtain the age/gender adjustment.

Calculate the appropriate Renewal Business Age/Gender Factor as follows:

Use the Renewal Member Based Age/Gender Factor table and the expected enrolled membership segmented by age and gender to calculate the Weighted Average Age/Gender Factor by taking the sum product of the age/gender factor and the expected enrolled membership.

Calculate the Contract Mix/Family Size Factor. This factor reflects the distribution of enrollment by contract 'tier' type and the average members per contract tier of the group. To calculate this factor, first calculate the group's average number of members per contract. Next, calculate the group's average rate tier factor by weighting the community rate tier factors with the group's actual number of contracts per tier. The contract mix/family size factor is then calculated by dividing the group's average number of members per contract by the group's average rate tier factor.

Multiply the Weighted Average Age/Gender Factor by the Contract Mix/Family Size Factor to get the Age/Gender Factor

Calculate the appropriate Medicare Factor as follows:

Enter only into the Medicare Primary Factor table and select the appropriate Medicare Primary Factor. No other Age/Gender tables apply when calculating Medicare rates.

COBRA Factor

Select the appropriate factor from the COBRA Factor table.

Interim Adjusted Flex Plan Claim Cost

Multiply the Total Trend Adjusted Flex Plan Claim Cost as calculated in **IV.** by the following to get the Interim Adjusted Flex Plan Claim Cost:

$$\begin{array}{r}
 \text{Industry Factor} \\
 \times \\
 \text{Rating Area Factor} \\
 \times \\
 \text{Age/Gender Factor} \\
 \times \\
 \text{COBRA Factor}
 \end{array}$$

VI. Adjusted Medical Claim Cost by Billing TierTier Factors

Select the appropriate factor from the Tier Factor table.

Dependent Age Adjustment Factor

Calculate the appropriate Dependent Age Adjustment Factor. For those tiers under which children may be covered, apply the appropriate factor. Other tiers will use a factor of 1.0.

Adjusted Medical Claim Cost by Billing Tier

Multiply the following together to get the Adjusted Medical Claim Cost by Billing Tier:

$$\begin{array}{r}
 \text{Interim Adjusted Flex Plan Claim Cost} \\
 \times \\
 \text{Tier Factors} \\
 \times \\
 \text{Dependent Age Adjustment Factor}
 \end{array}$$

VII. Medical Plan Manual Premium Rates by Billing Tier

Multiply the Adjusted Medical Claim Cost by Billing Tier as calculated in **VI.** by the adjustment factor from d. below to get Medical Plan Manual Premium Rates by Billing Tier:

Retention Factor

- a. Enter the Administrative Expenses and Profit table with total case lives and retrieve the appropriate Medical PMPM, PPACA fee and Reinsurance Contribution (RC) fee. Retrieve the appropriate Retention, Commission, Taxes and Assessments and Health Insurer Fee (HIF) percentages. Retrieve the appropriate ERISA Adjustment. For renewals, also retrieve the appropriate Family Size Adjustment PMPM from the Family Size Adjustment table.
- b. Sum the PMPM, PPACA fee and RC fee in a. and multiply the result by members to get Total Retention amount.
- c. Multiply Adjusted Medical Claim Cost by Billing Tier by the appropriate number of subscribers in each tier to get Total Monthly Claim Cost.

- d. The Administrative Expense and Profit Factor will be
$$\frac{[(\text{Total Monthly Claim Cost} + \text{Total Retention amount}) / (1 - \text{Retention Expense \%} - \text{Commissions \%} - \text{Taxes and Assessments \%} - \text{HIF \%})]}{(\text{Total Monthly Claim Cost})}$$

Retention may be adjusted to reflect case specific circumstances such as inclusion or exclusion of certain programs (i.e. wellness programs), combination of multiple products, case specific commissions, or margin for risk sharing arrangements, etc.

Retention may be reduced to reflect expense savings associated with more efficient processes (such as electronic enrollment, billing, EOB's, etc.). Retention may be increased to reflect additional expenses associated additional transactions or costs (such as late premium payment, case reinstatements, etc.). This may be a change in the retention factors used to develop the monthly premium, or a separate charge to reflect the additional costs of each transaction.

Underwriter Adjustment Factor

Enter the Underwriter Adjustment Factor if applicable.

Note: Rounding to the fourth decimal place occurs in every calculation, with the exception of the last calculation which gets rounded to the second decimal place.

Customer Name: _____ Customer #: _____ Effective Date: _____ Today's Date: _____

1	1st Quarter 2014 Starting Base Plan Claim Cost	
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ID	Benefit Description	Base Option	[1] Line Item Expense Category Weight	[2] Include or Exclude	[3] Copay/ Deductible Per Service Factor	[4] Coinsurance	[5] Days or Visits Maximum	[6] Dollar Maximum Annual & Lifetime	[7] Mandated Benefits	[8] Routine Limits, ER Penalty	[9] Inpatient Pre- certification	[10A] Components Subject to Plan Ded. Product [1] - [9]	[10B] Components Not Subject to Plan Ded. Product [1] - [9]
	Facility Inpatient												
2	Med/Surg	\$0 copay											
3	Serious MH I/P	\$0 copay											
4	MH I/P	\$0 copay											
5	SA Detox I/P	\$0 copay											
6	SA Rehab I/P	\$0 copay											
7	Maternity I/P	\$0 copay											
8	Skilled Nursing Facility	\$0 copay											
9	Hospice I/P	\$0 copay											
10	Transplants	\$0 copay											
11	Bariatric Surgery	\$0 copay											
	Facility Outpatient/Non Facility												
12	Surgery (SPU)	\$0 copay											
13	Surg - Freestanding facility	\$0 copay											
14	Bariatric O/P	\$0 copay											
15	Hospice O/P	\$0 copay											
16	Other Facility O/P	\$0 copay											
17	Other Rehab O/P	\$0 copay											
18	Physical Therapy O/P	\$0 copay											
19	Occupational Therapy O/P	\$0 copay											
20	Speech Therapy O/P	\$0 copay											
21	Chiro/Subluxation	\$0 copay											
22	Diagnostic X-ray Hosp O/P	\$0 copay											
23	Diagnostic X-ray Non-Hosp O/P	\$0 copay											
24	Diagnostic X-ray NF	\$0 copay											
25	Diag. X-ray-Complex Imaging Hosp O/P	\$0 copay											
26	Diag. X-ray-Compl Imag Non-Hosp O/P	\$0 copay											
27	Diag. X-ray-Complex Imaging NF	\$0 copay											
28	Diagnostic Lab Hosp O/P	\$0 copay											
29	Diagnostic Lab Non-Hosp O/P	\$0 copay											
30	Diagnostic Lab NF	\$0 copay											
31	Diagnostic Phys Other	\$0 copay											
32	Diagnostic OP facility other	\$0 copay											
33	Ambulance	\$0 copay											
34	ER O/P	\$0 copay											
35	ER NF	\$0 copay											
36	UC O/P	\$0 copay											
37	PCP	\$0 copay											
38	E-visits PCP	\$0 copay											
39	Walk-In Clinics	\$0 copay											
40	Non-designated PCP	\$0 copay											
41	Specialist	\$0 copay											
42	E-visits Specialist	\$0 copay											
43	Office Based Surgery	\$0 copay											
44	PCP - Inpatient	\$0 copay											
45	Specialist - Inpatient	\$0 copay											
46	Maternity NF	\$0 copay											
47	Prenatal	\$0 copay											
48	Surgery NF	\$0 copay											
49	Bariatric - physician	\$0 copay											
50	Allergy Testing - NF	\$0 copay											
51	Allergy Trmt/Serum -NF	\$0 copay											
52	Oral Surgery NF	\$0 copay				</							

Today's Date: _____

			[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10A]	[10B]
ID	Benefit Description	Base Option	Line Item Expense Category Weight	Include or Exclude	Copay/ Deductible Per Service Factor	Coinsurance	Days or Visits Maximum	Dollar Maximum Annual & Lifetime	Mandated Benefits	Routine Limits, ER Penalty	Inpatient Pre-certification	Components Subject to Plan Ded. Product [1] - [9]	Components Not Subject to Plan Ded. Product [1] - [9]
81	TMJ Disorder	\$0 copay											
82	Tubal Ligation	\$0 copay											
83	Voluntary Abortion	\$0 copay											
84	Vasectomy	\$0 copay											
85	Contraceptives	\$0 copay											
86	Pharmacy	\$0 copay											
87	Specialty (Self-Injectables)	\$0 copay											
88	Total Medical											Sum [10A]	Sum [10B]

Bottom Line Adjustments:

89	Deductible Carryover		1.0000
90	Deductible		1.0000
91	Interim Product	88[A] x 89 x 90	88[B] x 89 x 90
92	Interim Sum (1)		91[A] + 91[B]
93	Out-of-Pocket		
94	Interim Sum (2)		92 + 93
95	Cross Application		
96	This line reserved for future use		
97	Lifetime Maximum Benefit		
98	Calendar Year Maximum Benefit		
99	Contract State Mandate Adjustment		
100	Family Deductible Limit		
101	Deductible Credit		
102	Family Out-of-Pocket Limit		
103	This line reserved for future use		
104	Professional Fee Schedule		
105	Facility Fee Schedule		
106	Cross Application Benefit Limits Factor =		
107	This line reserved for future use		
108	National Advantage		
109	Custom Product		
110	Step Therapy/Pre-certification Adjustment		
111	This line reserved for future use		
112	Participation/Virgin Risk		112[A] x 112[B]
113	Mental Health Deductible		
114	Benefit Adjustment	94 x 95 x 96 x 97 x 98 x 99 x 100 x 101 x 102 x 103 x 104 x 105 x 106 x 107 x 108 x 109 x 110 x 111 x 112	
115	Selection Load		
116	Final Preferred Benefit Adjustment		114 x 115

Section IV.

117	Base Plan Component Steerage Factor	
118	Component Base Relativity Factor	
119	Normalized Claim Relativity Factor	
120	Base Plan Claim Cost PMPM	1 x 117 x 118 x 119
121	Flex Plan Claim Cost PMPM	116 x 120
122	Trend Factor	
123	Steerage Factor	
124	Trend Adjusted Flex Plan Claim Cost PMPM	121 x 122 x x 123
125	Total Trend Adjusted Flex Plan Claim Cost PMPM	124 + Line124 from AHI manual

Section V.

126	Industry		
127	Rating Area		
128	Age/Gender		
129	COBRA	Non-Medicare	Medicare
130	Interim Adjusted Flex Plan Claim Cost PMPM	125 x 126 x 127 x 128 x 129	125 x 126 x 127 x 128 x 129

Section VI.

131 Tier Factors

Two-tier Structure		Three-tier Structure			Four-tier Structure				Medicare
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member

132 Dependent Age Adjustment

Two-tier Structure		Three-tier Structure			Four-tier Structure				Medicare
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member
1.0000		1.0000			1.0000		1.0000		1.0000

Dependent Age Adjustment Worksheet

Limiting Age

Adjustment

a. Student:

b. Non-Student:

c. [1.00 + ((a.+ b.) / 100)]

133 Adjusted Medical Claim Cost by Billing Tier

Two-tier Structure		Three-tier Structure			Four-tier Structure				Medicare
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member

130 x 131 x 132

Section VII.

134	Administrative Expenses & Profit Factor	
135	This line reserved for future use	
136	Underwriter Adjustment	
137	Medical Plan Manual Premium Rates by Billing Tier	133 x 134 x 135 x 136

Two-tier Structure		Three-tier Structure			Four-tier Structure				Medicare
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member

138 Out of Network Dental Option

	Two-tier Structure		Three-tier Structure			Four-tier Structure				Medicare
	Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member
Rate from Table 138										
ct of 126 x 127 x 128 x 129										
Final Dental Opt Rate										

139 Medical Plan Manual Premium Rates with Dental Option by Billing Tier

Two-tier Structure		Three-tier Structure			Four-tier Structure				Medicare
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member

NOTE: Rounding to the fourth decimal place occurs in every calculation, with the exception of the last calculation which gets rounded to the second decimal place.

Tiered Rate Development Worksheet

Customer Name:

Customer #:

Effective Date:

Today's Date:

Section V.5.

1

Coinsurance Differential (Δ Tier 2)

2

OOP Trigger Differential (Δ Tier 2)

3

Deductible Differential (Δ Tier 2)

4

Coinsurance Limit Differential (Δ Tier 2)

5

Inpatient Copay/Admit Differential (Δ Tier 2)

6

Specialist Copay Differential (Δ Tier 2)

7

Multiplier for Deductible Level

8

Passive Plan Design Adjustment

9

Incentive or Disincentive Approach

10

Plan Design Migration

11

Standard Migration

12

Migration Ratio

Active	Value	Weight	Factor
		40.00%	
		15.00%	
		22.50%	
		22.50%	
		50.00%	
		25.00%	
			Sumproduct(Active row1:6, Weight row1:6, Factor row1:6)/Sumproduct(Active row1:6, Weight row1:6) * 7 * 8 + 9
			10 / 11

Medical PMPM and Factor Tables

Section I.

Table 1 1st Quarter 2014 Starting Base Plan Claim Cost				
Network	Non-Open Access		Open Access	
		QPOS Products Base PMPM		QPOS Products Base PMPM
DC		371.92		388.66

Section II.

Column [1] Inputs - Preferred and Non-Preferred

Base Plan Service Category Weight Network 1	Preferred Products
Benefit Description	Weights
Med/Surg	23.12%
Serious MH I/P	0.94%
MH I/P	0.06%
SA Detox I/P	0.05%
SA Rehab I/P	0.03%
Maternity I/P	4.00%
Skilled Nursing Facility	0.80%
Hospice I/P	0.01%
Transplants	0.53%
Bariatric Surgery	1.73%
Surgery (SPU)	3.97%
Surg - Freestanding facility	1.16%
Bariatric O/P	0.01%
Hospice O/P	0.03%
Other Facility O/P	1.63%
Other Rehab O/P	0.02%
Physical Therapy O/P	1.21%
Occupational Therapy O/P	0.06%
Speech Therapy O/P	0.09%
Chiro/Subluxation	0.39%
Diagnostic X-ray Hosp O/P	1.64%
Diagnostic X-ray Non-Hosp O/P	1.12%
Diagnostic X-ray NF	1.06%
Diag. X-ray-Complex Imaging Hosp O/P	1.20%
Diag. X-ray-Compl Imag Non-Hosp O/P	1.43%
Diag. X-ray-Complex Imaging NF	0.13%
Diagnostic Lab Hosp O/P	0.79%
Diagnostic Lab Non-Hosp O/P	1.55%
Diagnostic Lab NF	0.31%
Diagnostic Phys Other	1.70%
Diagnostic OP facility other	0.78%
Ambulance	0.52%
ER O/P	6.70%
ER NF	1.55%
UC O/P	0.15%
PCP	3.94%
E-visits PCP	0.04%
Walk-In Clinics	0.08%
Non-designated PCP	0.82%
Specialist	5.60%
E-visits Specialist	0.02%
Office Based Surgery	0.77%
PCP - Inpatient	0.69%
Specialist - Inpatient	4.53%
Maternity NF	0.89%
Prenatal	0.65%
Surgery NF	2.28%
Bariatric - physician	0.72%
Allergy Testing - NF	0.12%
Allergy Trmt/Serum -NF	0.25%
Oral Surgery NF	0.01%
Routine Physical - Adult	0.57%
Immunization - Adult	0.37%
Routine Physical - Child	0.92%
Immunization - Child	1.05%
Routine Eye Exam	0.12%
Speech & Hearing NF	0.12%
Routine Gyn	0.86%
Mammography	0.35%
Cancer Screening	0.19%
Digital Rectal Exam	0.01%
Prostate Specific Antigen	0.01%
Serious MH NF	1.09%
MH NF	0.59%
MH part hosp	0.07%
SA NF	0.16%
Private Duty Nursing	0.19%
HHC	0.23%
Hospice NF	0.01%
Injectables - AF	1.73%
Injectables - Office	3.47%
Durable Medical Equipment	0.61%
Diabetic Supplies	0.02%
Prosthetics and Orthotics	0.04%
Lens Reimbursement	0.75%
Hearing Aid	0.09%
PKU	0.10%
Infertility - AI/OI NF	0.47%
ART NF	1.48%
TMJ Disorder	0.02%
Tubal Ligation	0.07%
Voluntary Abortion	0.04%
Vasectomy	0.02%
Contraceptives	0.15%
Pharmacy	0.00%
Specialty (Self-Injectables)	2.15%
Total Medical	100.00%

Table 2 Med/Surg

a. Per Confinement Copay	
Copay	None
Copay	Factor
\$0	1.0000
\$50	0.9943
\$100	0.9886
\$125	0.9858
\$150	0.9830
\$200	0.9773
\$240	0.9728
\$250	0.9717
\$300	0.9661
\$350	0.9605
\$400	0.9549
\$450	0.9494
\$500	0.9438
\$600	0.9354
\$700	0.9271
\$750	0.9230
\$1,000	0.9023
\$1,250	0.8819
\$1,500	0.8616
\$1,750	0.8417
\$2,000	0.8218
\$2,500	0.7907
\$3,000	0.7596
\$3,500	0.7284
\$4,000	0.6973

Table 2 Med/Surg

b. Copay Per Day	
Copay	
Per Day	Factor
\$0	1.0000
\$25	0.9879
\$50	0.9758
\$100	0.9519
\$125	0.9410
\$150	0.9321
\$200	0.9143
\$225	0.9055
\$250	0.8968
\$300	0.8794
\$350	0.8621
\$400	0.8450
\$500	0.8131

Table 2 Med/Surg

c. Copay%	
Copay%	Factor
10%	0.8511
15%	0.7892
20%	0.7363
25%	0.6842
30%	0.6330
40%	0.5383
50%	0.4486

Table 2 Med/Surg

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors) (Used in Column [6])								
Copay Per Day	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0059	1.0049	1.0042	1.0037	1.0033	1.0029	1.0027	1.0025
\$50	1.0119	1.0099	1.0085	1.0074	1.0066	1.0059	1.0054	1.0049
\$100	1.0241	1.0200	1.0172	1.0150	1.0133	1.0120	1.0109	1.0100
\$125	1.0293	1.0242	1.0206	1.0179	1.0158	1.0141	1.0128	1.0116
\$150	1.0325	1.0263	1.0220	1.0187	1.0161	1.0141	1.0125	1.0115
\$200	1.0390	1.0310	1.0266	1.0232	1.0206	1.0186	1.0169	1.0155
\$225	1.0423	1.0351	1.0301	1.0263	1.0233	1.0210	1.0191	1.0175
\$250	1.0473	1.0393	1.0337	1.0294	1.0261	1.0235	1.0214	1.0196
\$300	1.0575	1.0478	1.0409	1.0357	1.0317	1.0285	1.0260	1.0238
\$350	1.0679	1.0564	1.0483	1.0422	1.0374	1.0337	1.0307	1.0281
\$400	1.0787	1.0654	1.0559	1.0488	1.0433	1.0390	1.0355	1.0325
\$500	1.0985	1.0813	1.0692	1.0601	1.0530	1.0474	1.0429	1.0391

Table 2 Med/Surg

d. IOQ Cardiac/Ortho		
Difference between Med/Surg coins & IOQ coins	Cardiac Factor	Ortho Factor
+0% coinsurance	1.0000	1.0000
+10% coinsurance	1.0400	1.0500
+20% coinsurance	1.0800	1.1200
+30% coinsurance	1.1400	1.1800
+40% coinsurance	1.2100	1.2700
+50% coinsurance	1.2800	1.3800
-10% coinsurance	0.9600	0.9500
-20% coinsurance	0.9200	0.9000
-30% coinsurance	0.8800	0.8400
-40% coinsurance	0.8500	0.8200
-50% coinsurance	0.8100	0.7800

Table 3 Serious MH I/P

a. Per Confinement Copay	
Copay	None
Copay	Factor
\$0	1.0000
\$50	0.9881
\$100	0.9764
\$125	0.9705
\$150	0.9646
\$200	0.9530
\$240	0.9437
\$250	0.9414
\$300	0.9299
\$350	0.9184
\$400	0.9070
\$450	0.8957
\$500	0.8845
\$600	0.8642
\$700	0.8442
\$750	0.8343
\$1,000	0.7854
\$1,250	0.7377
\$1,500	0.6913
\$1,750	0.6427
\$2,000	0.5942
\$2,500	0.5327
\$3,000	0.4712
\$3,500	0.4097
\$4,000	0.3482

Table 3 Serious MH I/P

b. Copay Per Day	
Copay	
Per Day	Factor
\$0	1.0000
\$25	0.9597
\$50	0.9203
\$100	0.8474
\$125	0.8136
\$150	0.7804
\$200	0.7156
\$225	0.6835
\$250	0.6497
\$300	0.5878
\$350	0.5457
\$400	0.5037
\$500	0.4195

Table 3 Serious MH I/P

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors) (Used in Column [6])								
Copay Per Day	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0251	1.0209	1.0175	1.0147	1.0126	1.0109	1.0096	1.0084
\$50	1.0517	1.0430	1.0359	1.0302	1.0258	1.0223	1.0196	1.0173
\$100	1.1047	1.0860	1.0710	1.0589	1.0496	1.0425	1.0372	1.0329
\$125	1.1313	1.1073	1.0879	1.0737	1.0629	1.0545	1.0478	1.0421
\$150	1.1596	1.1302	1.1084	1.0910	1.0776	1.0672	1.0588	1.0519
\$200	1.2229	1.1843	1.1533	1.1284	1.1097	1.0947	1.0829	1.0730
\$225	1.2604	1.2153	1.1790	1.1528	1.1279	1.1108	1.0971	1.0856
\$250	1.3049	1.2526	1.2134	1.1771	1.1516	1.1318	1.1160	1.1028
\$300	1.3964	1.3280	1.2734	1.2300	1.1969	1.1709	1.1486	1.1300
\$350	1.4555	1.3706	1.3033	1.2483	1.2040	1.1699	1.1428	1.1203
\$400	1.5244	1.4215	1.3366	1.2661	1.2129	1.1747	1.1533	1.1353
\$500	1.7073	1.5494	1.4214	1.3533	1.3021	1.2621	1.2300	1.2031

Table 3 Serious MH I/P

c. Copay%	
Copay%	Factor
10%	0.8514
15%	0.7857
20%	0.7227
25%	0.6606
30%	0.5967
40%	0.5041
50%	0.4200

Table 3 Serious MH I/P

d. Freqmax		I/P MH SMI	All I/P MH & I/P
Maximum		Factor	SA Combined
20 days/plan yr		0.8752	0.8649
30 days/cal yr		0.9348	0.9294
35 days/cal yr		0.9472	0.9428
40 days/plan yr		0.9616	0.9584
45 days/cal yr		0.9677	0.9650
60 days/cal yr		0.9810	0.9795
60 Days/Life		0.981	0.9550
90 days/cal yr		0.9893	0.9884
90 Days/Life		0.9646	0.9637
200 days/cal yr		0.9987	0.9986
24 visits/plan yr		0.9069	N/A
120 days/plan yr		0.9956	N/A
150 days/cal yr		0.9983	N/A
Age 0-18, 25 days per cal yr;Age 19+ 20 days per cal yr		0.8801	N/A
Age 0-18, 25 days per plan yr;Age 19+ 20 days per plan yr		0.8801	N/A
Unlimited		1.0000	1.0000

Table 4 MH I/P

a. Per Confinement Copay

Copay	None
Copay	Factor
\$0	1.0000
\$50	0.9849
\$100	0.9698
\$125	0.9624
\$150	0.9549
\$200	0.9401
\$240	0.9283
\$250	0.9254
\$300	0.9107
\$350	0.8962
\$400	0.8817
\$450	0.8674
\$500	0.8531
\$600	0.8269
\$700	0.8010
\$750	0.7881
\$1,000	0.7249
\$1,250	0.6636
\$1,500	0.6040
\$1,750	0.5439
\$2,000	0.4838
\$2,500	0.4032
\$3,000	0.3225
\$3,500	0.2419
\$4,000	0.1613

Table 4 MH I/P

c. Copay%

Copay%	Factor
10%	0.8647
15%	0.8028
20%	0.7438
25%	0.6863
30%	0.6302
40%	0.5196
50%	0.4200

Table 4 MH I/P

b. Copay Per Day

Copay	
Per Day	Factor
\$0	1.0000
\$25	0.9487
\$50	0.8985
\$100	0.8051
\$125	0.7614
\$150	0.7185
\$200	0.6352
\$225	0.5943
\$250	0.5523
\$300	0.4745
\$350	0.4136
\$400	0.3527
\$500	0.2308

Table 4 MH I/P

d. Freqmax

	I/P MH	All I/P MH & I/P
Maximum	Factor	Factor
20 days/plan yr	0.9447	0.8649
30 days/cal yr	0.9761	0.9294
35 days/cal yr	0.9800	0.9428
40 days/plan yr	0.9838	0.9584
45 days/cal yr	0.9877	0.9650
60 days/cal yr	0.9992	0.9795
60 Days/Life	0.9742	0.9550
90 days/cal yr	1.0000	0.9884
90 Days/Life	0.9750	0.9637
200 days/cal yr	1.0000	0.9986
24 visits/plan yr	0.9611	N/A
120 days/plan yr	1.0000	N/A
150 days/cal yr	1.0000	N/A
Age 0-18, 25 days per cal yr;Age 19+ 20 days per cal yr	0.9488	N/A
Age 0-18, 25 days per plan yr;Age 19+ 20 days per plan yr	0.9488	N/A
Unlimited	1.0000	N/A
Not Covered	0.0000	0.0000

Table 5 SA Detox I/P

a. Per Confinement Copay

Copay	None
Copay	Factor
\$0	1.0000
\$50	0.9813
\$100	0.9626
\$125	0.9534
\$150	0.9442
\$200	0.9258
\$240	0.9112
\$250	0.9076
\$300	0.8895
\$350	0.8715
\$400	0.8537
\$450	0.8360
\$500	0.8184
\$600	0.7804
\$700	0.7431
\$750	0.7248
\$1,000	0.6358
\$1,250	0.5515
\$1,500	0.4717
\$1,750	0.4059
\$2,000	0.3401
\$2,500	0.2834
\$3,000	0.2267
\$3,500	0.1700
\$4,000	0.1134

Table 5 SA Detox I/P

b. Copay Per Day

Copay	
Per Day	Factor
\$0	1.0000
\$25	0.9490
\$50	0.8990
\$100	0.8004
\$125	0.7491
\$150	0.6992
\$200	0.6036
\$225	0.5578
\$250	0.5134
\$300	0.4337
\$350	0.3619
\$400	0.2975
\$500	0.1737

Table 4 MH I/P

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors) (Used in Column [6])

Copay Per Day	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0324	1.0269	1.0225	1.0189	1.0162	1.0140	1.0123	1.0109
\$50	1.0673	1.0559	1.0467	1.0392	1.0335	1.0291	1.0255	1.0225
\$100	1.1410	1.1161	1.0960	1.0799	1.0675	1.0580	1.0508	1.0448
\$125	1.1804	1.1479	1.1216	1.1020	1.0870	1.0753	1.0660	1.0582
\$150	1.2235	1.1829	1.1522	1.1276	1.1088	1.0942	1.0825	1.0727
\$200	1.3240	1.2677	1.2224	1.1863	1.1590	1.1372	1.1201	1.1058
\$225	1.3853	1.3181	1.2642	1.2242	1.1884	1.1630	1.1428	1.1259
\$250	1.4584	1.3789	1.3182	1.2644	1.2257	1.1958	1.1719	1.1520
\$300	1.6239	1.5147	1.4276	1.3584	1.3058	1.2648	1.2304	1.2018
\$350	1.7803	1.6362	1.5222	1.4301	1.3574	1.3017	1.2575	1.2209
\$400	1.9912	1.8022	1.6489	1.5240	1.4301	1.3614	1.3172	1.2800
\$500	2.7557	2.3949	2.1077	1.9303	1.7955	1.6902	1.6057	1.5348

Table 5 SA Detox I/P

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors) (Used in Column [6])

Copay Per Day	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0289	1.0232	1.0189	1.0158	1.0134	1.0115	1.0099	1.0085
\$50	1.0602	1.0483	1.0393	1.0329	1.0279	1.0239	1.0206	1.0177
\$100	1.1332	1.1072	1.0875	1.0733	1.0624	1.0537	1.0466	1.0402
\$125	1.1805	1.1460	1.1201	1.1014	1.0865	1.0740	1.0637	1.0547
\$150	1.2326	1.1887	1.1543	1.1285	1.1086	1.0929	1.0799	1.0685
\$200	1.3542	1.2817	1.2277	1.1892	1.1596	1.1364	1.1173	1.1012
\$225	1.4224	1.3354	1.2707	1.2246	1.1902	1.1638	1.1390	1.1190
\$250	1.4992	1.3957	1.3189	1.2661	1.2227	1.1901	1.1632	1.1397
\$300	1.6678	1.5262	1.4195	1.3450	1.2884	1.2441	1.2078	1.1760
\$350	1.8734	1.6793	1.5372	1.4373	1.3616	1.3027	1.2601	1.2227
\$400	2.1308	1.8689	1.6785	1.5503	1.4611	1.3912	1.3337	1.2834
\$500	3.1619	2.6451	2.3080	2.0705	1.8970	1.7698	1.6641	1.5707

Table 5 SA Detox I/P

c. Copay%	
Copay%	Factor
10%	0.8788
15%	0.8200
20%	0.7618
25%	0.7016
30%	0.6431
40%	0.5311
50%	0.4258

Table 5 SA Detox I/P

d. Freqmax	IP SA	All I/P MH & I/P
	Detox Factor	SA Combined Factor
Maximum		
20 days/plan yr	0.8382	0.8649
30 days/cal yr	0.8810	0.9294
35 days/cal yr	0.9149	0.9428
40 days/plan yr	0.9233	0.9584
45 days/cal yr	0.9435	0.9650
60 days/cal yr	0.9687	0.9795
60 Days/Life	0.9445	0.9550
90 days/cal yr	0.9954	0.9884
90 Days/Life	0.9705	0.9637
200 days/cal yr	1.0000	0.9986
12 days/cal yr	0.7478	N/A
14 days/cal yr	N/A	N/A
15 days/cal yr	0.7907	N/A
150 days/cal yr	1.0000	N/A
180 days/cal yr	1.0000	N/A
Age 0-18, 25 days per cal yr;Age 19+ 20 days per cal yr	0.8382	N/A
Age 0-18, 25 days per plan yr;Age 19+ 20 days per plan yr	N/A	N/A
28 days/cal yr	0.8741	N/A
Unlimited	1.0000	N/A

Table 5 SA Detox I/P

e. Calendar Year Day Maximum	IP SA	All I/P MH & I/P
	Detox Factor	SA Combined Factor
Maximum		
20 days/cal yr, 90 day max/lifetime	N/A	N/A
3 episodes/lifetime, IP & OP combined	0.8553	N/A
30 days/cal yr - Alcohol Only	N/A	N/A
30 days/cal yr for Drug only, unlimited for Alcohol	0.9431	N/A
30 days/cal yr, 90 day max/lifetime	N/A	N/A
40 days/cal yr, 90 day max/lifetime	N/A	N/A
60 visits/cal yr, 120 visits/lifetime	N/A	N/A
4 admissions/lifetime, 7 day maximum/admission	0.9408	N/A
7 days/admission	0.8449	N/A

Table 6 SA Rehab I/P

a. Per Confinement Copay	None
Copay	Factor
\$0	1.0000
\$50	0.9848
\$100	0.9697
\$125	0.9622
\$150	0.9547
\$200	0.9398
\$240	0.9279
\$250	0.9250
\$300	0.9103
\$350	0.8957
\$400	0.8811
\$450	0.8667
\$500	0.8524
\$600	0.8207
\$700	0.7895
\$750	0.7741
\$1,000	0.6992
\$1,250	0.6279
\$1,500	0.5599
\$1,750	0.5065
\$2,000	0.4531
\$2,500	0.3775
\$3,000	0.3020
\$3,500	0.2265
\$4,000	0.1510

Table 6 SA Rehab I/P

c. Copay%	
Copay%	Factor
10%	0.8718
15%	0.8095
20%	0.7439
25%	0.6807
30%	0.6196
40%	0.5043
50%	0.4052

Table 6 SA Rehab I/P

b. Copay Per Day	
Copay	
Per Day	Factor
\$0	1.0000
\$25	0.9587
\$50	0.9181
\$100	0.8374
\$125	0.7945
\$150	0.7526
\$200	0.6720
\$225	0.6332
\$250	0.5955
\$300	0.5291
\$350	0.4708
\$400	0.4211
\$500	0.3282

Table 6 SA Rehab I/P

d. Freqmax	IP SA	All I/P MH & I/P
	Rehab Factor	SA Combined Factor
Maximum		
20 days/plan yr	0.7712	0.8649
30 days/cal yr	0.8317	0.9294
35 days/cal yr	0.8797	0.9428
40 days/cal yr	0.8916	0.9584
45 days/cal yr	0.9202	0.9650
60 days/cal yr	0.9557	0.9795
60 days/life	0.9318	0.9550
90 days/cal yr	0.9934	0.9884
90 days/life	0.9686	0.9637
200 days/cal yr	1.0000	0.9986
12 days/cal yr	N/A	N/A
14 days/cal yr	0.6916	N/A
15 days/cal yr	0.7040	N/A
150 days/cal yr	1.0000	N/A
180 days/cal yr	N/A	N/A
Age 0-18, 25 days per cal yr;Age 19+ 20 days per cal yr	0.7807	N/A
Age 0-18, 25 days per plan yr;Age 19+ 20 days per plan yr	0.7712	N/A
28 days/cal yr	0.8741	N/A
Unlimited	1.0000	N/A

Table 6 SA Rehab I/P

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors) (Used in Column [6])	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
Copay Per Day	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0232	1.0187	1.0152	1.0127	1.0108	1.0093	1.0080	1.0069
\$50	1.0478	1.0384	1.0313	1.0262	1.0222	1.0190	1.0164	1.0141
\$100	1.1041	1.0839	1.0685	1.0575	1.0490	1.0423	1.0367	1.0318
\$125	1.1405	1.1141	1.0941	1.0798	1.0682	1.0584	1.0503	1.0431
\$150	1.1796	1.1464	1.1201	1.1000	1.0846	1.0724	1.0623	1.0534
\$200	1.2672	1.2128	1.1721	1.1431	1.1208	1.1033	1.0889	1.0768
\$225	1.3131	1.2490	1.2012	1.1671	1.1418	1.1224	1.1036	1.0887
\$250	1.3631	1.2883	1.2326	1.1947	1.1628	1.1390	1.1194	1.1023
\$300	1.4606	1.3633	1.2893	1.2377	1.1983	1.1675	1.1422	1.1200
\$350	1.5606	1.4348	1.3422	1.2770	1.2274	1.1888	1.1623	1.1390
\$400	1.6566	1.5001	1.3857	1.3094	1.2583	1.2183	1.1853	1.1564
\$500	1.9071	1.6757	1.5310	1.4289	1.3562	1.3057	1.2637	1.2266

Table 6 SA Rehab I/P

e. Calendar Year Day Maximum	IP SA Rehab	All I/P MH & I/P SA Combined
	Factor	Factor
Maximum		
20 days/cal yr, 90 day max/lifetime	0.7704	N/A
3 episodes/lifetime, IP & OP combined	0.7953	N/A
30 days/cal yr - Alcohol Only	0.4337	N/A
30 days/cal yr for Drug only, unlimited for Alcohol	0.9195	N/A
30 days/cal yr, 90 day max/lifetime	0.8309	N/A
40 days/cal yr, 90 day max/lifetime	0.8907	N/A
60 visits/cal yr, 120 visits/lifetime	0.9366	N/A
4 admissions/lifetime, 7 day maximum/admission	N/A	N/A
7 days/admission	N/A	N/A

Table 6 SA Rehab I/P

f. MA specific	Factor
Alc Only	0.5200
Alc & Drug	1.0000

Table 7 Maternity I/P

a. Per Confinement Copay	None
Copay	Factor
\$0	1.0000
\$50	0.9888
\$100	0.9776
\$125	0.9721
\$150	0.9665
\$200	0.9555
\$240	0.9467
\$250	0.9445
\$300	0.9322
\$350	0.9200
\$400	0.9078
\$450	0.8958
\$500	0.8838
\$600	0.8600
\$700	0.8366
\$750	0.8251
\$1,000	0.7683
\$1,250	0.7286
\$1,500	0.6896
\$1,750	0.6517
\$2,000	0.6137
\$2,500	0.5548
\$3,000	0.4958
\$3,500	0.4368
\$4,000	0.3778

Table 7 Maternity I/P

b. Copay Per Day	
Copay Per Day	Factor
\$0	1.0000
\$25	0.9825
\$50	0.9651
\$100	0.9290
\$125	0.9099
\$150	0.8911
\$200	0.8539
\$225	0.8357
\$250	0.8176
\$300	0.7842
\$350	0.7531
\$400	0.7283
\$500	0.6795

Table 7 Maternity I/P

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors) (Used in Column [6])	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
Copay Per Day	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0042	1.0030	1.0024	1.0021	1.0018	1.0016	1.0015	1.0014
\$50	1.0085	1.0060	1.0048	1.0041	1.0037	1.0033	1.0031	1.0029
\$100	1.0193	1.0138	1.0111	1.0095	1.0085	1.0076	1.0071	1.0066
\$125	1.0249	1.0174	1.0141	1.0121	1.0107	1.0097	1.0089	1.0083
\$150	1.0302	1.0211	1.0171	1.0146	1.0130	1.0117	1.0108	1.0101
\$200	1.0413	1.0288	1.0233	1.0200	1.0177	1.0160	1.0148	1.0137
\$225	1.0470	1.0328	1.0265	1.0227	1.0202	1.0182	1.0168	1.0156
\$250	1.0529	1.0369	1.0298	1.0255	1.0227	1.0205	1.0189	1.0176
\$300	1.0621	1.0424	1.0343	1.0298	1.0269	1.0224	1.0208	1.0196
\$350	1.0713	1.0471	1.0393	1.0317	1.0292	1.0272	1.0199	1.0185
\$400	1.0695	1.0454	1.0367	1.0314	1.0279	1.0252	1.0232	1.0216
\$500	1.0853	1.0595	1.0480	1.0412	1.0366	1.0330	1.0304	1.0283

Table 7 Maternity I/P

c. Copay%	Factor
Copay%	
10%	0.8334
15%	0.7562
20%	0.6997
25%	0.6448
30%	0.5948
40%	0.5098
50%	0.4248

Table 8 Skilled Nursing Facility

a. Per Confinement Copay	None
Copay	Factor
\$0	1.0000
\$50	0.9938
\$100	0.9877
\$125	0.9846
\$150	0.9815
\$200	0.9754
\$240	0.9705
\$250	0.9693
\$300	0.9632
\$350	0.9571
\$400	0.9510
\$450	0.9449
\$500	0.9388
\$600	0.9189
\$700	0.8990
\$750	0.8891
\$1,000	0.8399
\$1,250	0.7913
\$1,500	0.7431
\$1,750	0.6958
\$2,000	0.6485
\$2,500	0.6316
\$3,000	0.6147
\$3,500	0.5979
\$4,000	0.5810

Table 8 Skilled Nursing Facility

b. Copay Per Day	
Copay Per Day	Factor
\$0	1.0000
\$25	0.9526
\$50	0.8846
\$100	0.7343
\$125	0.6611
\$150	0.6373
\$200	0.6106
\$225	0.5975
\$250	0.5845
\$300	0.5590
\$350	0.5412
\$400	0.5298
\$500	0.5070

Table 8 Skilled Nursing Facility

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors) (Used in Column [6])	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
Copay Per Day	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0407	1.0381	1.0356	1.0334	1.0312	1.0294	1.0277	1.0261
\$50	1.1111	1.1054	1.1002	1.0953	1.0908	1.0868	1.0832	1.0798
\$100	1.3151	1.3016	1.2891	1.2767	1.2589	1.2432	1.2291	1.2159
\$125	1.4478	1.4292	1.4066	1.3798	1.3553	1.3337	1.3142	1.2961
\$150	1.4886	1.4605	1.4251	1.3920	1.3616	1.3349	1.3108	1.2884
\$200	1.5184	1.4657	1.4169	1.3712	1.3294	1.2928	1.2597	1.2290
\$225	1.5284	1.4681	1.4180	1.3600	1.3122	1.2703	1.2326	1.1976
\$250	1.5387	1.4703	1.4072	1.3482	1.2942	1.2470	1.2044	1.1650
\$300	1.5596	1.4744	1.3958	1.3226	1.2557	1.1972	1.1572	1.1480
\$350	1.5661	1.4584	1.3645	1.2772	1.1981	1.1851	1.1733	1.1623
\$400	1.5424	1.4242	1.3156	1.2223	1.2050	1.1899	1.1762	1.1636
\$500	1.5052	1.3530	1.2668	1.2424	1.2201	1.2007	1.1831	1.1669

Table 8 Skilled Nursing Facility

c. Copay%	Factor
Copay%	
10%	0.7386
15%	0.6044
20%	0.5376
25%	0.4949
30%	0.4534
40%	0.3740
50%	0.3105

Table 8 Skilled Nursing Facility

d. Maximum Days	Factor
Maximum	
30 days/cal yr	0.6732
60 days/cal yr	0.8232
90 days/cal yr	0.8851
100 days/cal yr	0.8968
120 days/cal yr	0.9136
200 days/cal yr	0.9562
240 days/cal yr	0.9695
Unlimited	1.0000

Table 9 Hospice I/P

a. Per Confinement Copay	Factor
All limits	1.0000

Table 10 Transplants

a. Per Confinement Copay

Copay	None
	Factor
\$0	1.0000
\$50	0.9998
\$100	0.9996
\$125	0.9995
\$150	0.9995
\$200	0.9993
\$240	0.9991
\$250	0.9991
\$300	0.9989
\$350	0.9987
\$400	0.9985
\$450	0.9984
\$500	0.9982
\$600	0.9978
\$700	0.9974
\$750	0.9973
\$1,000	0.9964
\$1,250	0.9954
\$1,500	0.9945
\$1,750	0.9936
\$2,000	0.9927
\$2,500	0.9909
\$3,000	0.9891
\$3,500	0.9872
\$4,000	0.9854

Table 10 Transplants

c. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 10 Transplants

e. Benefit Limit/Maximum

Annual and Per Procedure	50%	60%	70%	75%	80%	85%	90%	100%
Dollar Max	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$25,000	0.3107	0.2601	0.2240	0.2093	0.1964	0.1851	0.1749	0.1578
\$250,000	0.9558	0.9245	0.9021	0.8932	0.8853	0.8784	0.8723	0.8618
\$500,000	0.9932	0.9884	0.9817	0.9760	0.9709	0.9665	0.9626	0.9558
\$750,000	0.9991	0.9962	0.9941	0.9932	0.9914	0.9898	0.9884	0.9860
\$1,000,000	1.0000	0.9994	0.9983	0.9972	0.9962	0.9953	0.9945	0.9932
Per Lifetime Dollar Max	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$25,000	0.3061	0.2562	0.2206	0.2062	0.1935	0.1823	0.1723	0.1554
\$250,000	0.9415	0.9106	0.8886	0.8798	0.8720	0.8652	0.8592	0.8489
\$500,000	1.0000	0.9736	0.9670	0.9613	0.9564	0.9520	0.9481	0.9415
\$750,000	1.0000	1.0000	1.0000	1.0000	0.9765	0.9750	0.9736	0.9713
\$1,000,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 11 Bariatric Surgery

a. Per Confinement Deductible

Copay	Factor
\$0	1.0000
\$50	0.9943
\$100	0.9887
\$125	0.9858
\$150	0.9830
\$200	0.9774
\$240	0.9729
\$250	0.9718
\$300	0.9662
\$350	0.9606
\$400	0.9550
\$450	0.9495
\$500	0.9439
\$600	0.9356
\$700	0.9273
\$750	0.9232
\$1,000	0.9026
\$1,250	0.8822
\$1,500	0.8621
\$1,750	0.8422
\$2,000	0.8223
\$2,500	0.7913
\$3,000	0.7603
\$3,500	0.7294
\$4,000	0.6984
Not Covered	0.0000

Table 10 Transplants

b. Copay Per Day

Copay Per Day	Factor
\$0	1.0000
\$25	0.9985
\$50	0.9969
\$100	0.9939
\$125	0.9923
\$150	0.9908
\$200	0.9877
\$225	0.9862
\$250	0.9846
\$300	0.9816
\$350	0.9785
\$400	0.9754
\$500	0.9693

Table 10 Transplants

d. Dollar Max / Coinsurance

Coins%	Maximum				
	No Coverage	\$10,000	\$25,000	\$50,000	Unlimited
Benefit Option	Factor	Factor	Factor	Factor	Factor
50%	0.0000	1.8736	1.6893	1.4432	1.0000
60%	0.0000	1.5615	1.4143	1.2427	1.0000
70%	0.0000	1.3389	1.2215	1.1085	1.0000
75%	0.0000	1.2500	1.1477	1.0632	1.0000
80%	0.0000	1.1723	1.0910	1.0345	1.0000
85%	0.0000	1.1057	1.0447	1.0189	1.0000
90%	0.0000	1.0492	1.0154	1.0049	1.0000
100%	0.0000	1.0000	1.0000	1.0000	1.0000

Table 11 Bariatric Surgery

b. Copay Per Day

Copay Per Day	Factor
\$0	1.0000
\$25	0.9918
\$50	0.9836
\$100	0.9673
\$125	0.9592
\$150	0.9511
\$200	0.9373
\$225	0.9312
\$250	0.9252
\$300	0.9133
\$350	0.9014
\$400	0.8895
\$500	0.8661

Table 11 Bariatric Surgery

	Mandate Benefit No Ben Max	Rider Benefit No Ben Max	Rider Benefit Ben Max
All copay/admit/day	0.1400	1.0000	1.0000

Table 10 Transplants

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors) (Used in Column [6])

Copay Per Day	3 days Factor	4 days Factor	5 days Factor	6 days Factor	7 days Factor	8 days Factor	9 days Factor	10 days Factor
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0013	1.0012	1.0011	1.0010	1.0010	1.0009	1.0008	1.0008
\$50	1.0025	1.0024	1.0022	1.0021	1.0019	1.0018	1.0017	1.0016
\$100	1.0051	1.0048	1.0044	1.0042	1.0039	1.0036	1.0034	1.0032
\$125	1.0064	1.0060	1.0056	1.0052	1.0049	1.0045	1.0043	1.0040
\$150	1.0077	1.0072	1.0067	1.0062	1.0058	1.0055	1.0051	1.0048
\$200	1.0103	1.0096	1.0089	1.0084	1.0078	1.0073	1.0069	1.0064
\$225	1.0116	1.0108	1.0101	1.0094	1.0088	1.0082	1.0077	1.0072
\$250	1.0129	1.0120	1.0112	1.0105	1.0098	1.0092	1.0086	1.0081
\$300	1.0155	1.0145	1.0135	1.0126	1.0118	1.0110	1.0103	1.0097
\$350	1.0181	1.0169	1.0158	1.0148	1.0138	1.0129	1.0121	1.0114
\$400	1.0208	1.0194	1.0181	1.0169	1.0158	1.0148	1.0139	1.0130
\$500	1.0262	1.0244	1.0228	1.0213	1.0199	1.0186	1.0175	1.0164

Table 11 Bariatric Surgery

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors) (Used in Column [6])

Copay Per Day	3 days Factor	4 days Factor	5 days Factor	6 days Factor	7 days Factor	8 days Factor	9 days Factor	10 days Factor
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0020	1.0015	1.0012	1.0011	1.0009	1.0008	1.0008	1.0007
\$50	1.0041	1.0029	1.0024	1.0021	1.0019	1.0017	1.0015	1.0014
\$100	1.0082	1.0059	1.0049	1.0043	1.0038	1.0034	1.0031	1.0028
\$125	1.0103	1.0074	1.0061	1.0053	1.0047	1.0043	1.0039	1.0036
\$150	1.0124	1.0089	1.0074	1.0064	1.0057	1.0052	1.0047	1.0043
\$200	1.0144	1.0097	1.0076	1.0065	1.0058	1.0052	1.0048	1.0044
\$225	1.0145	1.0103	1.0085	1.0074	1.0065	1.0059	1.0054	1.0049
\$250	1.0159	1.0114	1.0095	1.0082	1.0073	1.0066	1.0060	1.0055
\$300	1.0192	1.0138	1.0115	1.0100	1.0088	1.0080	1.0073	1.0066
\$350	1.0226	1.0163	1.0135	1.0117	1.0104	1.0094	1.0086	1.0078
\$400	1.0261	1.0188	1.0160	1.0135	1.0119	1.0108	1.0099	1.0090
\$500	1.0331	1.0238	1.0197	1.0172	1.0152	1.0137	1.0125	1.0114

Table 11 Bariatric Surgery

c. Copay%	
Copay%	Factor
10%	0.8453
15%	0.7859
20%	0.7322
25%	0.6794
30%	0.6280
40%	0.5383
50%	0.4486

Table 12 Surgery (SPU)

a. Copay	
Copay	Factor
\$0	1.0000
\$5	0.9961
\$10	0.9922
\$15	0.9883
\$20	0.9845
\$25	0.9806
\$30	0.9767
\$50	0.9613
\$75	0.9421
\$100	0.9229
\$125	0.8976
\$150	0.8726
\$200	0.8235
\$250	0.7757
\$300	0.7292
\$350	0.6840
\$400	0.6400
\$450	0.5974
\$500	0.5560
\$550	0.5211
\$600	0.4870
\$650	0.4537
\$700	0.4210
\$750	0.3942

Table 13 Surg - Freestanding facility

a. Copay	
Copay	Factor
\$0	1.0000
\$5	0.9953
\$10	0.9906
\$15	0.9858
\$20	0.9811
\$25	0.9764
\$30	0.9717
\$50	0.9530
\$75	0.9296
\$100	0.9064
\$125	0.8771
\$150	0.8482
\$175	0.8199
\$200	0.7917
\$250	0.7367
\$300	0.6833
\$350	0.6316
\$400	0.5814
\$450	0.5328
\$500	0.4858
\$550	0.4450
\$600	0.4050
\$650	0.3660
\$700	0.3278
\$750	0.2944

Table 11 Bariatric Surgery

d. Maximum Benefit	Rider with Benefit Maximum								Mandated or Rider Benefit
	50%	40%	30%	25%	20%	15%	10%	Copay/admit/day	No Maximum
Copay %									NA
\$10,000 per procedure	0.8189	0.7430	0.6802	0.6470	0.6180	0.5908	0.5635	0.7300	1.0000
\$1,000,000 per lifetime	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 12 Surgery (SPU)

b. Copay%	
Copay%	Factor
10%	0.8866
15%	0.8193
20%	0.7542
25%	0.6912
30%	0.6303
40%	0.5148
50%	0.4127

Table 13 Surg - Freestanding facility

b. Copay%	
Copay%	Factor
10%	0.8915
15%	0.8301
20%	0.7677
25%	0.7070
30%	0.6480
40%	0.5351
50%	0.4289

Table 13 Surg - Freestanding facility

c. Benefit Maximum							
Maximum	50% Factor	60% Factor	70% Factor	75% Factor	80% Factor	90% Factor	100% Factor
2000 OON benefit maximum added to ASC (freestanding ambulatory Surgical center) per CY or PY (works like DME maximum). Includes associated ancillary services.	0.7598	0.7111	0.6734	0.6546	0.6370	0.6034	0.5734

Table 14 Bariatric O/P

a. Copay

Copay	Factor
\$0	1.0000
\$5	0.9982
\$10	0.9963
\$15	0.9945
\$20	0.9927
\$25	0.9909
\$30	0.9890
\$50	0.9817
\$75	0.9726
\$100	0.9634
\$125	0.9543
\$150	0.9451
\$200	0.9268
\$250	0.9086
\$300	0.8903
\$350	0.8720
\$400	0.8537
\$450	0.8355
\$500	0.8172
\$550	0.7990
\$600	0.7807
\$650	0.7624
\$700	0.7442
\$750	0.7260
Not Covered	0.0000

Table 14 Bariatric O/P

b. Copay%

Copay%	Factor
10%	0.8995
15%	0.8493
20%	0.7991
25%	0.7489
30%	0.6988
40%	0.5987
50%	0.4986

Table 14 Bariatric O/P

	Mandate Benefit No Ben Max	Rider Benefit No Ben Max	Rider Benefit Ben Max
All copay/admit/day	0.1400	1.0000	1.0000

Table 14 Bariatric O/P

c. Maximum Benefit

	Rider with Benefit Maximum							Mandated or Rider Benefit No Maximum
Copay %	50%	40%	30%	25%	20%	15%	10%	NA
\$10,000 per procedure	0.8189	0.7430	0.6802	0.6470	0.6180	0.5908	0.5635	1.0000
\$1,000,000 per lifetime	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 15 Hospice O/P

a. Copay

Copay	Factor
\$0	1.0000
\$5	1.0000
\$10	1.0000
\$15	1.0000
\$20	1.0000
\$25	1.0000
\$30	1.0000
\$35	1.0000
\$40	1.0000
\$45	1.0000
\$50	1.0000
\$55	1.0000
\$60	1.0000
Not Covered	0.0000

Table 15 Hospice O/P

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 15 Hospice O/P

c. Benefit Maximum

	Factor
Maximum	
\$5,000 Lifetime	0.5388
\$9,100 per benefit period of 3 months of continuous care, 3 benefit periods per lifetime. Bereavement Care limited to separate \$1,500 maximum during 12 months following death	0.7162
\$10,000 Lifetime	0.7072
\$10,000 Combined IP, OP & NF	0.7071
Inpatient and Outpatient Combined	1.0000
N/A	1.0000
Unlimited	1.0000

Table 16 Other Facility O/P

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9987
\$3	0.9981
\$5	0.9968
\$10	0.9935
\$15	0.9903
\$20	0.9871
\$25	0.9839
\$30	0.9806
\$35	0.9774
\$40	0.9742
\$45	0.9710
\$50	0.9677
\$55	0.9645
\$60	0.9613
\$65	0.9581
\$70	0.9548
\$75	0.9516

Table 16 Other Facility O/P

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 17 Other Rehab O/P

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9873
\$3	0.9809
\$5	0.9683
\$10	0.9370
\$15	0.9062
\$20	0.8759
\$25	0.8460
\$30	0.8166
\$35	0.7877
\$40	0.7592
\$45	0.7312
\$50	0.7037
\$55	0.6766
\$60	0.6500
\$65	0.6239
\$70	0.5982
\$75	0.5730

Table 17 Other Rehab O/P

b. Copay%

Copay%	Factor
10%	0.8587
15%	0.7915
20%	0.7265
25%	0.6639
30%	0.6036
40%	0.4898
50%	0.3852

Table 18 Physical Therapy O/P

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9752
\$3	0.9630
\$5	0.9386
\$10	0.8789
\$15	0.8210
\$20	0.7647
\$25	0.7102
\$30	0.6574
\$35	0.6064
\$40	0.5570
\$45	0.5094
\$50	0.4635
\$55	0.4193
\$60	0.3768
\$65	0.3361
\$70	0.2970
\$75	0.2597

Table 18 Physical Therapy O/P

b. Copay%

Copay%	Factor
10%	0.8888
15%	0.8341
20%	0.7801
25%	0.7267
30%	0.6739
40%	0.5701
50%	0.4689

Table 18 Physical Therapy O/P

c. Maximum Visits

	PT/OT/ST Combined Factor	PT/OT Combined Factor	PT/OT/ST /Chiro comb Factor
Maximum			
20 Visits Combined	0.7001	0.7091	0.6754
25 Visits Combined	0.7493	0.7568	0.7229
30 Visits Combined	0.8007	0.8067	0.7727
40 Visits Combined	0.8567	0.8610	N/A
45 Visits Combined	N/A	0.8672	N/A
60 Visits Combined	0.8869	0.8903	0.8617
120 Visits Combined	0.9837	N/A	N/A
20 continuous days/incident	0.6511	0.6594	N/A
25 continuous days/incident	0.6968	0.7038	N/A
30 continuous days/incident	0.7446	0.7502	N/A
60 continuous days/incident	0.8248	0.8279	N/A
90 continuous days/incident	0.8892	0.8904	N/A
120 continuous days/incident	0.9148	N/A	N/A
20 OT/PT visits & 20 ST visits	0.6951	N/A	N/A
25 OT/PT visits & 20 ST visits	0.7383	N/A	N/A
30 OT/PT visits & 20 ST visits	0.7835	N/A	N/A
20 OT/PT visits & 25 ST visits	0.7013	N/A	N/A
25 OT/PT visits & 25 ST visits	0.7445	N/A	N/A
30 OT/PT visits & 25 ST visits	0.7897	N/A	N/A
20 OT/PT visits & 30 ST visits	0.7063	N/A	N/A
25 OT/PT visits & 30 ST visits	0.7495	N/A	N/A
30 OT/PT visits & 30 ST visits	0.7947	N/A	N/A
60 OT/PT visits & 30 ST visits	0.8705	N/A	N/A
20 OT/PT visits & 60 ST visits	0.7228	N/A	N/A
25 OT/PT visits & 60 ST visits	0.7661	N/A	N/A
30 OT/PT visits & 60 ST visits	0.8113	N/A	N/A
45 OT/PT visits & 60 ST visits	0.8661	N/A	N/A
60 OT/PT visits & 60 ST visits	0.8870	N/A	N/A
20 OT/PT visits & unlimited ST visits	0.7363	N/A	N/A
25 OT/PT visits & unlimited ST visits	0.7796	N/A	N/A
30 OT/PT visits & unlimited ST visits	0.8248	N/A	N/A
60 OT/PT visits & unlimited ST visits	0.9005	N/A	N/A
20 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.6676
20 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.6713
20 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.6744
20 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.6844
25 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.7126
25 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.7164
25 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.7194
25 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.7294
20 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.6925
25 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.7375
30 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.7847
60 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.8690
25 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.7598
30 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.7635
30 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.7665
30 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.7765
45 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.8360
60 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.8441
60 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.8478
60 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.8508
60 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.8608
PTOT 60 visits/cal yr/ST 20 visits/cal yr	0.8593	N/A	N/A
PTOT 60 visits/cal yr/ST 25 visits/cal yr	0.8655	N/A	N/A
60 visits per year. Additional 20 separate PT, 20 separate OT visits for child up to age 5 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	0.8914	N/A	N/A
PTOT unlimited/ST 20 visits/cal yr	0.9587	N/A	N/A
PTOT unlimited/ST 25 visits/cal yr	0.9649	N/A	N/A
PTOT unlimited/ST 30 visits/cal yr	0.9699	N/A	N/A
PTOT unlimited/ST 60 visits/cal yr	0.9865	N/A	N/A
PTOT unlimited/ST unlimited visits/cal yr	1.0000	N/A	N/A
PTOT unlimited/ST unlimited visits/cal yr, covers services rendered by a speech therapist for developmental and maintenance therapy when under direction of physician	1.0000	N/A	N/A
Unlimited	1.0000	1.0000	1.0000

Table 19 Occupational Therapy O/P

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9835
\$3	0.9752
\$5	0.9589
\$10	0.9186
\$15	0.8793
\$20	0.8407
\$25	0.8031
\$30	0.7663
\$35	0.7303
\$40	0.6953
\$45	0.6611
\$50	0.6277
\$55	0.5952
\$60	0.5636
\$65	0.5328
\$70	0.5030
\$75	0.4739

Table 19 Occupational Therapy O/P

b. Copay%

Copay%	Factor
10%	0.8777
15%	0.8184
20%	0.7603
25%	0.7035
30%	0.6479
40%	0.5404
50%	0.4380

Table 19 Occupational Therapy O/P

c. Maximum Visits

	PT/OT/ST Combined Factor	PT/OT Combined Factor	PT/OT/ST /Chiro comb Factor
Maximum			
20 Visits Combined	0.7001	0.7091	0.6754
25 Visits Combined	0.7493	0.7568	0.7229
30 Visits Combined	0.8007	0.8067	0.7727
40 Visits Combined	0.8567	0.8610	N/A
45 Visits Combined	N/A	0.8672	N/A
60 Visits Combined	0.8869	0.8903	0.8617
120 Visits Combined	0.9837	N/A	N/A
20 continuous days/incident	0.6511	0.6594	N/A
25 continuous days/incident	0.6968	0.7038	N/A
30 continuous days/incident	0.7446	0.7502	N/A
60 continuous days/incident	0.8248	0.8279	N/A
90 continuous days/incident	0.8892	0.8904	N/A
120 continuous days/incident	0.9148	N/A	N/A
20 OT/PT visits & 20 ST visits	0.6951	N/A	N/A
25 OT/PT visits & 20 ST visits	0.7383	N/A	N/A
30 OT/PT visits & 20 ST visits	0.7835	N/A	N/A
20 OT/PT visits & 25 ST visits	0.7013	N/A	N/A
25 OT/PT visits & 25 ST visits	0.7445	N/A	N/A
30 OT/PT visits & 25 ST visits	0.7897	N/A	N/A
20 OT/PT visits & 30 ST visits	0.7063	N/A	N/A
25 OT/PT visits & 30 ST visits	0.7495	N/A	N/A
30 OT/PT visits & 30 ST visits	0.7947	N/A	N/A
60 OT/PT visits & 30 ST visits	0.8705	N/A	N/A
20 OT/PT visits & 60 ST visits	0.7228	N/A	N/A
25 OT/PT visits & 60 ST visits	0.7661	N/A	N/A
30 OT/PT visits & 60 ST visits	0.8113	N/A	N/A
45 OT/PT visits & 60 ST visits	0.8661	N/A	N/A
60 OT/PT visits & 60 ST visits	0.8870	N/A	N/A
20 OT/PT visits & unlimited ST visits	0.7363	N/A	N/A
25 OT/PT visits & unlimited ST visits	0.7796	N/A	N/A
30 OT/PT visits & unlimited ST visits	0.8248	N/A	N/A
60 OT/PT visits & unlimited ST visits	0.9005	N/A	N/A
20 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.6676
20 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.6713
20 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.6744
20 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.6844
25 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.7126
25 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.7164
25 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.7194
25 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.7294
20 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.6925
25 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.7375
30 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.7847
60 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.8690
30 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.7598
30 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.7635
30 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.7665
30 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.7765
45 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.8360
60 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.8441
60 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.8478
60 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.8508
60 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.8608
PTOT 60 visits/cal yr/ST 20 visits/cal yr	0.8593	N/A	N/A
PTOT 60 visits/cal yr/ST 25 visits/cal yr	0.8655	N/A	N/A
60 visits per year. Additional 20 separate PT, 20 separate OT visits for child up to age 5 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	0.8914	N/A	N/A
PTOT unlimited/ST 20 visits/cal yr	0.9587	N/A	N/A
PTOT unlimited/ST 25 visits/cal yr	0.9649	N/A	N/A
PTOT unlimited/ST 30 visits/cal yr	0.9699	N/A	N/A
PTOT unlimited/ST 60 visits/cal yr	0.9865	N/A	N/A
PTOT unlimited/ST unlimited visits/cal yr	1.0000	N/A	N/A
PTOT unlimited/ST unlimited visits/cal yr, covers services rendered by a speech therapist for developmental and maintenance therapy when under direction of physician	1.0000	N/A	N/A
Unlimited	1.0000	1.0000	1.0000

Table 20 Speech Therapy O/P

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9855
\$3	0.9782
\$5	0.9638
\$10	0.9283
\$15	0.8935
\$20	0.8593
\$25	0.8257
\$30	0.7928
\$35	0.7606
\$40	0.7290
\$45	0.6981
\$50	0.6678
\$55	0.6381
\$60	0.6092
\$65	0.5809
\$70	0.5532
\$75	0.5262

Table 20 Speech Therapy O/P

b. Copay%	
Copay%	Factor
10%	0.8705
15%	0.8082
20%	0.7476
25%	0.6886
30%	0.6312
40%	0.5214
50%	0.4181

Table 20 Speech Therapy O/P

	PT/OT/ST Combined Factor	PT/OT Combined Factor	PT/OT/ST /Chiro comb Factor
c. Maximum Visits			
Maximum			
20 Visits Combined	0.7001	0.7091	0.6754
25 Visits Combined	0.7493	0.7568	0.7229
30 Visits Combined	0.8007	0.8067	0.7727
40 Visits Combined	0.8567	0.8610	N/A
45 Visits Combined	N/A	0.8672	N/A
60 Visits Combined	0.8869	0.8903	0.8617
120 Visits Combined	0.9837	N/A	N/A
20 continuous days/incident	0.6511	0.6594	N/A
25 continuous days/incident	0.6968	0.7038	N/A
30 continuous days/incident	0.7446	0.7502	N/A
60 continuous days/incident	0.8248	0.8279	N/A
90 continuous days/incident	0.8892	0.8904	N/A
120 continuous days/incident	0.9148	N/A	N/A
20 OT/PT visits & 20 ST visits	0.6951	N/A	N/A
25 OT/PT visits & 20 ST visits	0.7383	N/A	N/A
30 OT/PT visits & 20 ST visits	0.7835	N/A	N/A
20 OT/PT visits & 25 ST visits	0.7013	N/A	N/A
25 OT/PT visits & 25 ST visits	0.7445	N/A	N/A
30 OT/PT visits & 25 ST visits	0.7897	N/A	N/A
20 OT/PT visits & 30 ST visits	0.7063	N/A	N/A
25 OT/PT visits & 30 ST visits	0.7495	N/A	N/A
30 OT/PT visits & 30 ST visits	0.7947	N/A	N/A
60 OT/PT visits & 30 ST visits	0.8705	N/A	N/A
20 OT/PT visits & 60 ST visits	0.7228	N/A	N/A
25 OT/PT visits & 60 ST visits	0.7661	N/A	N/A
30 OT/PT visits & 60 ST visits	0.8113	N/A	N/A
45 OT/PT visits & 60 ST visits	0.8661	N/A	N/A
60 OT/PT visits & 60 ST visits	0.8870	N/A	N/A
20 OT/PT visits & unlimited ST visits	0.7363	N/A	N/A
25 OT/PT visits & unlimited ST visits	0.7796	N/A	N/A
30 OT/PT visits & unlimited ST visits	0.8248	N/A	N/A
60 OT/PT visits & unlimited ST visits	0.9005	N/A	N/A
20 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.6676
20 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.6713
20 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.6744
20 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.6844
25 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.7126
25 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.7164
25 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.7194
25 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.7294
20 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.6925
25 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.7375
30 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.7847
60 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.8690
30 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.7598
30 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.7635
30 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.7665
30 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.7765
45 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.8360
60 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.8441
60 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.8478
60 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.8508
60 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.8608
PTOT 60 visits/cal yr/ST 20 visits/cal yr	0.8593	N/A	N/A
PTOT 60 visits/cal yr/ST 25 visits/cal yr	0.8655	N/A	N/A
60 visits per year. Additional 20 separate PT, 20 separate OT visits for child up to age 5 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	0.8914	N/A	N/A
PTOT unlimited/ST 20 visits/cal yr	0.9587	N/A	N/A
PTOT unlimited/ST 25 visits/cal yr	0.9649	N/A	N/A
PTOT unlimited/ST 30 visits/cal yr	0.9699	N/A	N/A
PTOT unlimited/ST 60 visits/cal yr	0.9865	N/A	N/A
PTOT unlimited/ST unlimited visits/cal yr	1.0000	N/A	N/A
PTOT unlimited/ST unlimited visits/cal yr, covers services rendered by a speech therapist for developmental and maintenance therapy when under direction of physician	1.0000	N/A	N/A
Unlimited	1.0000	1.0000	1.0000

Table 20 Speech Therapy O/P

d. Additional Pervasive Developmental Disorder coverage	
Option	Factor
Covered same as any other PTOTST expense	1.0615
Not covered	1.0000
Covered to age 17, \$36,000 cal yr max combined with ABA and Behavioral Therapy, and \$144,000 lifetime maximum combined with ABA and Behavioral Therapy.	
Age 17 and over, no coverage	1.0610
Covered to age 9, \$50,000 cal yr max combined with ABA and Behavioral Therapy. Age 9 to 19, \$20,000 cal yr max combined with ABA and Behavioral Therapy.	
Age 19 and over, no coverage.	1.0609
Covered to age 21 same as any other PTOTST expense	1.0610
Covered to age 22, \$36,000 cal yr max combined and \$200,000 lifetime max combined with ABA. Age 22 and over, no coverage	1.0610
Covered to age 22 same as any other PTOTST expense	1.0610
Covered to age 16 same as any other PTOTST expense	1.0572
Covered to age 10 same as any other PTOTST expense	1.0473
Covered to age 12 same as any other PTOTST expense	1.0514
Covered to age 21, \$36,000 cal yr max combined with ABA. Age 21 and over, no coverage.	1.0610
Covered to age 18 same as any other PTOTST expense	1.0610
Covered ages 1-7, \$50,000 calendar year maximum; ages 7-22, \$1,000 per month. Age 22 and over, no coverage.	1.0609
Covered to age 6 same as any other PTOTST expense	1.0348
Covered to age 13, \$53,613 cal yr max combined with ABA and Behavioral Therapy. Age 13 and over, \$26,806 cal yr max combined with ABA and Behavioral Therapy.	1.0514
Covered to age 22, \$43,400 cal yr max combined with ABA, and \$200,000 lifetime max combined with ABA. Age 22 and over, no coverage.	1.0610
Covered to age 21, \$39,722 cal yr max combined with Behavioral Therapy and ABA. Once cal yr max and age limit has been met, no coverage except for 20 additional ST visits. Age 21 and over, no coverage.	1.0621
Covered to age 21, \$37,710 cal yr max combined with ABA and Behavioral Therapy. Age 21 and over, no coverage.	1.0610
Covered 20 ST visits per calendar year	1.0344
Covered to age 7 \$50,000 Cal Yr Max Age, 7 to 13, \$40,000 cal yr max, 13 to 19, \$30,000 cal yr max. All combined w/ ABA & Behavioral Therapy Age 19 and over, no coverage.	
	1.0610
Covered to age 7 same as any other PTOTST expense	1.0383
Covered to age 19, no visit limitations. Age 19 and over, no coverage.	1.0688

Table 21 Chiro/Subluxation

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9622
\$3	0.9435
\$5	0.9065
\$10	0.8165
\$15	0.7301
\$20	0.6471
\$25	0.5678
\$30	0.4871
\$35	0.4111
\$40	0.3398
\$45	0.2732
\$50	0.2114
\$55	0.1591
\$60	0.1085
\$65	0.0598
\$70	0.0128
\$75	0.0000
Not Covered	0.0000

Table 21 Chiro/Subluxation

d. Dollar Max	\$1,000	Unlimited
Coinsurance	Factor	Factor
10%	0.6298	1.0000
15%	0.6468	1.0000
20%	0.6647	1.0000
25%	0.6832	1.0000
30%	0.7027	1.0000
40%	0.7451	1.0000
50%	0.7930	1.0000

Table 22 Diagnostic X-ray Hosp O/P

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9972
\$3	0.9959
\$5	0.9931
\$10	0.9862
\$15	0.9794
\$20	0.9725
\$25	0.9656
\$30	0.9587
\$35	0.9518
\$40	0.9449
\$45	0.9381
\$50	0.9312
\$55	0.9223
\$60	0.9135
\$65	0.9047
\$70	0.8960
\$75	0.8873

Table 24 Diagnostic X-ray NF

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9964
\$3	0.9946
\$5	0.9910
\$10	0.9820
\$15	0.9730
\$20	0.9640
\$25	0.9550
\$30	0.9461
\$35	0.9371
\$40	0.9281
\$45	0.9191
\$50	0.9101
\$55	0.8992
\$60	0.8883
\$65	0.8775
\$70	0.8667
\$75	0.8560

Table 21 Chiro/Subluxation

b. Copay%

Copay%	Factor
10%	0.8877
15%	0.8325
20%	0.7781
25%	0.7243
30%	0.6712
40%	0.5671
50%	0.4657

Table 22 Diagnostic X-ray Hosp O/P

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.7972
25%	0.7428
30%	0.6890
40%	0.5831
50%	0.4798

Table 24 Diagnostic X-ray NF

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 21 Chiro/Subluxation

c. Maximum Visits

	Chiro Only Factor	PT/OT/ST /Chiro Comb. Factor	PT/OT /Chiro Comb. Factor
Maximum			
10 visits	0.5967	N/A	N/A
12 visits	0.6547	N/A	N/A
15 visits	0.7238	N/A	N/A
20 visits	0.8067	0.6754	0.6741
24 visits	0.8582	N/A	N/A
25 visits	0.8668	0.7229	0.7218
26 visits	0.8739	N/A	N/A
30 visits	0.9003	0.7727	0.7718
35 visits	0.9248	N/A	N/A
36 visits	0.9277	N/A	N/A
40 visits	0.9423	N/A	N/A
45 visits	0.9512	N/A	N/A
50 visits	0.9569	N/A	N/A
60 visits	0.9632	0.8617	N/A
90 visits	0.9738	N/A	N/A
Unlimited	1.0000	1.0000	1.0000

Table 23 Diagnostic X-ray Non-Hosp O/P

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9873
\$3	0.9810
\$5	0.9683
\$10	0.9365
\$15	0.9048
\$20	0.8731
\$25	0.8413
\$30	0.8096
\$35	0.7779
\$40	0.7461
\$45	0.7144
\$50	0.6827
\$55	0.6496
\$60	0.6166
\$65	0.5837
\$70	0.5510
\$75	0.5185

Table 25 Diag. X-ray-Complex Imaging Hosp O/P

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9990
\$3	0.9985
\$5	0.9975
\$10	0.9950
\$15	0.9924
\$20	0.9899
\$25	0.9874
\$30	0.9849
\$35	0.9823
\$40	0.9798
\$45	0.9773
\$50	0.9748
\$55	0.9702
\$60	0.9656
\$65	0.9610
\$70	0.9565
\$75	0.9519
\$100	0.9294
\$125	0.9071
\$150	0.8851
\$175	0.8609
\$200	0.8370
\$250	0.7904
\$300	0.7450
\$350	0.7030
\$400	0.6611
\$450	0.6191
\$500	0.5771

Table 23 Diagnostic X-ray Non-Hosp O/P

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 25 Diag. X-ray-Complex Imaging Hosp O/P

b. Copay%

Copay%	Factor
10%	0.8813
15%	0.8145
20%	0.7457
25%	0.6794
30%	0.6157
40%	0.4963
50%	0.3873

Table 26 Diag. X-ray-Compl Imag Non-Hosp O/P

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9964
\$3	0.9946
\$5	0.9909
\$10	0.9819
\$15	0.9728
\$20	0.9638
\$25	0.9547
\$30	0.9457
\$35	0.9366
\$40	0.9276
\$45	0.9185
\$50	0.9094
\$55	0.8985
\$60	0.8876
\$65	0.8767
\$70	0.8658
\$75	0.8550
\$100	0.8015
\$125	0.7490
\$150	0.6974
\$175	0.6450
\$200	0.5938
\$250	0.4950
\$300	0.4010
\$350	0.3190
\$400	0.2369
\$450	0.1549
\$500	0.0729

Table 28 Diagnostic Lab Hosp O/F

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9996
\$3	0.9995
\$5	0.9991
\$10	0.9982
\$15	0.9973
\$20	0.9964
\$25	0.9955
\$30	0.9945
\$35	0.9936
\$40	0.9927
\$45	0.9918
\$50	0.9909
\$55	0.9900
\$60	0.9891
\$65	0.9882
\$70	0.9873
\$75	0.9864

Table 30 Diagnostic Lab NF

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9986
\$3	0.9980
\$5	0.9966
\$10	0.9932
\$15	0.9898
\$20	0.9864
\$25	0.9830
\$30	0.9796
\$35	0.9762
\$40	0.9728
\$45	0.9694
\$50	0.9660
\$55	0.9626
\$60	0.9592
\$65	0.9558
\$70	0.9524
\$75	0.9490

Table 32 Diagnostic OP facility other

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9977
\$3	0.9966
\$5	0.9944
\$10	0.9887
\$15	0.9831
\$20	0.9774
\$25	0.9718
\$30	0.9661
\$35	0.9605
\$40	0.9548
\$45	0.9492
\$50	0.9435
\$55	0.9359
\$60	0.9283
\$65	0.9207
\$70	0.9132
\$75	0.9056

Table 26 Diag. X-ray-Compl Imag Non-Hosp O/P

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.7982
25%	0.7439
30%	0.6903
40%	0.5846
50%	0.4813

Table 28 Diagnostic Lab Hosp O/P

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 30 Diagnostic Lab NF

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 32 Diagnostic OP facility other

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8431
20%	0.7857
25%	0.7293
30%	0.6738
40%	0.5637
50%	0.4575

Table 27 Diag. X-ray-Complex Imaging NF

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9980
\$3	0.9970
\$5	0.9950
\$10	0.9900
\$15	0.9850
\$20	0.9800
\$25	0.9750
\$30	0.9700
\$35	0.9650
\$40	0.9600
\$45	0.9550
\$50	0.9500
\$55	0.9430
\$60	0.9360
\$65	0.9291
\$70	0.9221
\$75	0.9152
\$100	0.8810
\$125	0.8472
\$150	0.8140
\$175	0.7792
\$200	0.7450
\$250	0.6785
\$300	0.6148
\$350	0.5576
\$400	0.5005
\$450	0.4433
\$500	0.3862

Table 29 Diagnostic Lab Non-Hosp O/P

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9990
\$3	0.9985
\$5	0.9975
\$10	0.9950
\$15	0.9925
\$20	0.9900
\$25	0.9874
\$30	0.9849
\$35	0.9824
\$40	0.9799
\$45	0.9774
\$50	0.9749
\$55	0.9724
\$60	0.9699
\$65	0.9673
\$70	0.9648
\$75	0.9623

Table 31 Diagnostic Phys Other

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9962
\$3	0.9942
\$5	0.9904
\$10	0.9808
\$15	0.9711
\$20	0.9615
\$25	0.9519
\$30	0.9423
\$35	0.9326
\$40	0.9230
\$45	0.9134
\$50	0.9038
\$55	0.8923
\$60	0.8808
\$65	0.8693
\$70	0.8580
\$75	0.8466

Table 33 Ambulance

a. Copay

Copay	Factor
\$0	1.0000
\$5	0.9912
\$10	0.9824
\$15	0.9736
\$20	0.9649
\$25	0.9561
\$30	0.9473
\$35	0.9386
\$40	0.9298
\$45	0.9211
\$50	0.9124
\$60	0.8875
\$75	0.8503
\$100	0.7885
\$110	0.7474
\$125	0.7269
\$150	0.6656
\$175	0.6229
\$200	0.5804

Table 27 Diag. X-ray-Complex Imaging NF

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.7986
25%	0.7444
30%	0.6908
40%	0.5852
50%	0.4820

Table 29 Diagnostic Lab Non-Hosp O/P

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 31 Diagnostic Phys Other

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 33 Ambulance

b. Copay%

Copay%	Factor
10%	0.8452
15%	0.7696
20%	0.6892
25%	0.6132
30%	0.5481
40%	0.4307
50%	0.3106

Tables 34 ER O/P & 36 UC O/P

UC Copay	ER Copay										
	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40	\$45	\$50
N/A	1.0000	0.9921	0.9843	0.9764	0.9685	0.9606	0.9528	0.9449	0.9370	0.9291	0.9213
\$0	1.0000	0.9921	0.9801	0.9699	0.9562	0.9482	0.9401	0.9320	0.9141	0.9058	0.8976
\$5	1.0000	0.9921	0.9843	0.9722	0.9620	0.9483	0.9403	0.9322	0.9241	0.9061	0.8979
\$10	1.0044	0.9921	0.9843	0.9764	0.9643	0.9541	0.9404	0.9324	0.9243	0.9161	0.8982
\$15	1.0069	0.9965	0.9843	0.9764	0.9685	0.9564	0.9463	0.9325	0.9245	0.9163	0.9083
\$20	1.0134	0.9990	0.9888	0.9764	0.9685	0.9606	0.9486	0.9383	0.9246	0.9165	0.9085
\$25	1.0136	1.0056	0.9912	0.9809	0.9685	0.9606	0.9528	0.9407	0.9304	0.9166	0.9087
\$30	1.0138	1.0058	0.9978	0.9833	0.9730	0.9606	0.9528	0.9449	0.9328	0.9225	0.9088
\$35	1.0140	1.0060	0.9980	0.9899	0.9754	0.9651	0.9528	0.9449	0.9370	0.9248	0.9147
\$40	1.0278	1.0062	0.9982	0.9901	0.9821	0.9675	0.9573	0.9449	0.9370	0.9291	0.9170
\$45	1.0281	1.0200	0.9984	0.9903	0.9823	0.9742	0.9598	0.9494	0.9370	0.9291	0.9213
\$50	1.0284	1.0203	1.0123	0.9905	0.9825	0.9744	0.9664	0.9519	0.9415	0.9291	0.9213
\$55	1.0359	1.0206	1.0126	1.0045	0.9827	0.9746	0.9666	0.9586	0.9440	0.9336	0.9213
\$60	1.0437	1.0281	1.0129	1.0048	0.9967	0.9748	0.9668	0.9588	0.9507	0.9361	0.9258
\$75	1.0476	1.0417	1.0359	1.0204	1.0049	0.9896	0.9795	0.9734	0.9509	0.9428	0.9332
\$80	1.0481	1.0422	1.0363	1.0282	1.0126	0.9971	0.9819	0.9737	0.9656	0.9430	0.9351
\$85	1.0486	1.0427	1.0368	1.0286	1.0204	1.0048	0.9894	0.9741	0.9659	0.9578	0.9353
\$90	1.0491	1.0432	1.0373	1.0291	1.0208	1.0126	0.9971	0.9817	0.9663	0.9581	0.9501
\$95	1.0497	1.0437	1.0378	1.0296	1.0213	1.0130	1.0049	0.9893	0.9739	0.9585	0.9504
\$100	1.0503	1.0443	1.0383	1.0301	1.0218	1.0135	1.0053	0.9972	0.9815	0.9661	0.9508
\$105	1.0509	1.0449	1.0389	1.0306	1.0223	1.0140	1.0058	0.9976	0.9894	0.9737	0.9585
\$110	1.0516	1.0455	1.0395	1.0312	1.0228	1.0145	1.0063	0.9981	0.9898	0.9816	0.9660
\$115	1.0523	1.0462	1.0401	1.0318	1.0234	1.0150	1.0068	0.9986	0.9903	0.9820	0.9740
\$120	1.0530	1.0469	1.0408	1.0324	1.0240	1.0156	1.0073	0.9991	0.9908	0.9825	0.9744
\$125	1.0538	1.0476	1.0415	1.0331	1.0246	1.0162	1.0079	0.9996	0.9913	0.9830	0.9749
\$130	1.0546	1.0484	1.0422	1.0338	1.0253	1.0168	1.0085	1.0002	0.9918	0.9835	0.9754
\$135	1.0554	1.0492	1.0430	1.0345	1.0260	1.0175	1.0091	1.0008	0.9924	0.9840	0.9759
\$140	1.0562	1.0500	1.0438	1.0353	1.0267	1.0182	1.0098	1.0014	0.9930	0.9846	0.9764
\$145	1.0571	1.0508	1.0446	1.0361	1.0275	1.0189	1.0105	1.0021	0.9936	0.9852	0.9770
\$150	1.0580	1.0517	1.0454	1.0369	1.0283	1.0197	1.0112	1.0028	0.9943	0.9858	0.9776
\$175	1.0591	1.0527	1.0464	1.0379	1.0292	1.0206	1.0121	1.0036	0.9951	0.9866	0.9784
\$200	1.0603	1.0539	1.0475	1.0390	1.0303	1.0217	1.0131	1.0046	0.9961	0.9875	0.9793
\$250	1.0618	1.0554	1.0489	1.0404	1.0317	1.0231	1.0144	1.0059	0.9974	0.9887	0.9805
\$300	1.0636	1.0572	1.0506	1.0421	1.0334	1.0248	1.0160	1.0075	0.9990	0.9902	0.9820
\$350	1.0657	1.0593	1.0526	1.0441	1.0354	1.0268	1.0179	1.0094	1.0009	0.9920	0.9838
10%	1.0060	0.9952	0.9904	0.9848	0.9737	0.9647	0.9533	0.9482	0.9422	0.9353	0.9164
15%	1.0097	1.0008	0.9904	0.9856	0.9797	0.9686	0.9594	0.9485	0.9432	0.9373	0.9295
20%	1.0162	1.0047	0.9956	0.9856	0.9809	0.9745	0.9636	0.9542	0.9436	0.9383	0.9324
25%	1.0181	1.0110	0.9997	0.9905	0.9809	0.9761	0.9694	0.9586	0.9490	0.9387	0.9334
30%	1.0191	1.0133	1.0058	0.9947	0.9854	0.9761	0.9713	0.9642	0.9535	0.9437	0.9339
40%	1.0285	1.0150	1.0094	1.0037	0.9954	0.9848	0.9750	0.9665	0.9617	0.9537	0.9435
50%	1.0369	1.0313	1.0172	1.0054	0.9998	0.9943	0.9850	0.9749	0.9646	0.9569	0.9521

Tables 34 ER O/P & 36 UC O/P

UC Copay	ER Copay										
	\$55	\$60	\$65	\$70	\$75	\$80	\$85	\$90	\$95	\$100	\$105
N/A	0.9134	0.9055	0.8999	0.8867	0.8819	0.8740	0.8662	0.8583	0.8504	0.8425	0.8347
\$0	0.8893	0.8809	0.8714	0.8588	0.8503	0.8413	0.8328	0.8193	0.8105	0.8016	0.7928
\$5	0.8896	0.8813	0.8729	0.8634	0.8507	0.8423	0.8333	0.8247	0.8111	0.8024	0.7934
\$10	0.8899	0.8816	0.8733	0.8650	0.8554	0.8427	0.8344	0.8252	0.8166	0.8030	0.7943
\$15	0.8902	0.8819	0.8736	0.8654	0.8570	0.8474	0.8348	0.8263	0.8171	0.8085	0.7949
\$20	0.9004	0.8822	0.8739	0.8657	0.8574	0.8490	0.8395	0.8267	0.8183	0.8090	0.8004
\$25	0.9006	0.8924	0.8742	0.8660	0.8577	0.8494	0.8410	0.8315	0.8187	0.8102	0.8009
\$30	0.9008	0.8926	0.8845	0.8663	0.8580	0.8497	0.8414	0.8330	0.8234	0.8106	0.8021
\$35	0.9009	0.8928	0.8847	0.8767	0.8583	0.8500	0.8417	0.8334	0.8250	0.8154	0.8025
\$40	0.9068	0.8929	0.8849	0.8769	0.8687	0.8503	0.8420	0.8337	0.8254	0.8170	0.8073
\$45	0.9091	0.8989	0.8850	0.8771	0.8689	0.8608	0.8423	0.8340	0.8257	0.8174	0.8093
\$50	0.9134	0.9012	0.8909	0.8772	0.8691	0.8610	0.8547	0.8343	0.8260	0.8177	0.8118
\$55	0.9134	0.9055	0.8933	0.8831	0.8692	0.8612	0.8549	0.8468	0.8263	0.8180	0.8121
\$60	0.9134	0.9055	0.8976	0.8855	0.8752	0.8613	0.8557	0.8470	0.8374	0.8183	0.8124
\$75	0.9272	0.9126	0.9022	0.8879	0.8819	0.8740	0.8619	0.8515	0.8376	0.8295	0.8213
\$80	0.9274	0.9193	0.9047	0.8944	0.8819	0.8740	0.8662	0.8539	0.8436	0.8296	0.8215
\$85	0.9276	0.9195	0.9115	0.8969	0.8865	0.8740	0.8662	0.8583	0.8460	0.8357	0.8216
\$90	0.9278	0.9197	0.9117	0.9037	0.8890	0.8786	0.8662	0.8583	0.8504	0.8381	0.8277
\$95	0.9424	0.9199	0.9119	0.9039	0.8959	0.8811	0.8708	0.8583	0.8504	0.8425	0.8301
\$100	0.9427	0.9346	0.9121	0.9041	0.8961	0.8880	0.8734	0.8629	0.8504	0.8425	0.8347
\$105	0.9430	0.9349	0.9268	0.9043	0.8963	0.8882	0.8802	0.8655	0.8551	0.8425	0.8347
\$110	0.9507	0.9353	0.9271	0.9191	0.8965	0.8884	0.8804	0.8724	0.8576	0.8483	0.8347
\$115	0.9583	0.9429	0.9275	0.9194	0.9114	0.8886	0.8806	0.8726	0.8663	0.8520	0.8433
\$120	0.9662	0.9505	0.9352	0.9198	0.9117	0.9036	0.8808	0.8750	0.8665	0.8612	0.8469
\$125	0.9666	0.9584	0.9427	0.9275	0.9120	0.9039	0.8972	0.8752	0.8697	0.8614	0.8561
\$130	0.9671	0.9588	0.9507	0.9352	0.9203	0.9055	0.8975	0.8918	0.8699	0.8645	0.8563
\$135	0.9676	0.9593	0.9511	0.9444	0.9295	0.9146	0.9000	0.8921	0.8863	0.8647	0.8592
\$140	0.9681	0.9598	0.9516	0.9448	0.9386	0.9237	0.9091	0.8944	0.8866	0.8809	0.8594
\$145	0.9686	0.9603	0.9521	0.9453	0.9390	0.9328	0.9181	0.9034	0.8889	0.8812	0.8754
\$150	0.9692	0.9608	0.9526	0.9458	0.9395	0.9332	0.9272	0.9124	0.8978	0.8833	0.8757
\$175	0.9699	0.9615	0.9533	0.9464	0.9401	0.9338	0.9277	0.9214	0.9157	0.9099	0.9042
\$200	0.9708	0.9623	0.9541	0.9472	0.9409	0.9345	0.9284	0.9221	0.9163	0.9105	0.9048
\$250	0.9720	0.9634	0.9552	0.9483	0.9420	0.9355	0.9294	0.9231	0.9172	0.9114	0.9057
\$300	0.9735	0.9648	0.9566	0.9497	0.9434	0.9368	0.9307	0.9244	0.9184	0.9126	0.9069
\$350	0.9753	0.9665	0.9583	0.9514	0.9451	0.9384	0.9323	0.9260	0.9199	0.9141	0.9084
10%	0.9110	0.9050	0.8990	0.8880	0.8786	0.8674	0.8613	0.8513	0.8446	0.8303	0.8238
15%	0.9114	0.9061	0.9000	0.8937	0.8829	0.8732	0.8625	0.8561	0.8464	0.8390	0.8252
20%	0.9238	0.9066	0.9011	0.8951	0.8885	0.8777	0.8679	0.8576	0.8509	0.8413	0.8334
25%	0.9276	0.9180	0.9017	0.8961	0.8902	0.8832	0.8726	0.8626	0.8526	0.8456	0.8363
30%	0.9286	0.9228	0.9123	0.8968	0.8912	0.8853	0.8780	0.8674	0.8574	0.8477	0.8403
40%	0.9332	0.9243	0.9188	0.9131	0.9007	0.8869	0.8813	0.8755	0.8676	0.8572	0.8467
50%	0.9433	0.9335	0.9228	0.9147	0.9089	0.9033	0.8891	0.8772	0.8715	0.8658	0.8569

Tables 34 ER O/P & 36 UC O/P Continued

UC Copay	ER Copay										
	\$110	\$115	\$120	\$125	\$130	\$135	\$140	\$145	\$150	\$175	\$200
N/A	0.8268	0.8189	0.8110	0.8032	0.7953	0.7874	0.7795	0.7717	0.7638	0.7244	0.6851
\$0	0.7795	0.7563	0.7427	0.7310	0.7191	0.7072	0.6954	0.6835	0.6715	0.6113	0.5522
\$5	0.7817	0.7685	0.7453	0.7317	0.7199	0.7080	0.6962	0.6844	0.6724	0.6123	0.5534
\$10	0.7823	0.7706	0.7574	0.7343	0.7206	0.7088	0.6970	0.6852	0.6733	0.6133	0.5546
\$15	0.7832	0.7712	0.7596	0.7464	0.7233	0.7095	0.6978	0.6860	0.6741	0.6143	0.5557
\$20	0.7838	0.7721	0.7602	0.7486	0.7354	0.7122	0.6985	0.6868	0.6749	0.6153	0.5568
\$25	0.7893	0.7727	0.7610	0.7492	0.7375	0.7243	0.7011	0.6875	0.6757	0.6162	0.5579
\$30	0.7898	0.7782	0.7616	0.7501	0.7381	0.7265	0.7132	0.6902	0.6764	0.6171	0.5589
\$35	0.7911	0.7787	0.7671	0.7507	0.7390	0.7271	0.7154	0.7023	0.6792	0.6180	0.5599
\$40	0.7915	0.7801	0.7676	0.7561	0.7396	0.7279	0.7160	0.7045	0.6912	0.6188	0.5609
\$45	0.7963	0.7805	0.7690	0.7566	0.7451	0.7285	0.7169	0.7051	0.6934	0.6196	0.5619
\$50	0.7983	0.7852	0.7694	0.7581	0.7456	0.7340	0.7175	0.7059	0.6940	0.6204	0.5628
\$55	0.8007	0.7872	0.7742	0.7585	0.7471	0.7345	0.7229	0.7065	0.6949	0.6211	0.5637
\$60	0.8010	0.7878	0.7762	0.7633	0.7475	0.7390	0.7234	0.7140	0.6955	0.6241	0.5646
\$75	0.8101	0.7881	0.7768	0.7655	0.7542	0.7428	0.7302	0.7145	0.7031	0.6389	0.5654
\$80	0.8103	0.7991	0.7771	0.7658	0.7545	0.7432	0.7322	0.7193	0.7035	0.6398	0.5661
\$85	0.8105	0.7993	0.7883	0.7661	0.7548	0.7435	0.7346	0.7212	0.7082	0.6404	0.5693
\$90	0.8106	0.7995	0.7885	0.7787	0.7551	0.7438	0.7349	0.7239	0.7102	0.6487	0.5813
\$95	0.8167	0.7996	0.7887	0.7789	0.7692	0.7441	0.7358	0.7242	0.7167	0.6498	0.5897
\$100	0.8191	0.8057	0.7888	0.7813	0.7694	0.7618	0.7362	0.7289	0.7172	0.6588	0.5941
\$105	0.8268	0.8102	0.7981	0.7814	0.7738	0.7620	0.7544	0.7292	0.7218	0.6596	0.6029
\$110	0.8268	0.8189	0.8025	0.7906	0.7739	0.7663	0.7546	0.7471	0.7221	0.6685	0.6040
\$115	0.8268	0.8189	0.8110	0.7948	0.7830	0.7664	0.7588	0.7473	0.7397	0.6735	0.6170
\$120	0.8352	0.8189	0.8110	0.8032	0.7871	0.7754	0.7589	0.7513	0.7399	0.6821	0.6178
\$125	0.8387	0.8272	0.8110	0.8032	0.7953	0.7794	0.7678	0.7514	0.7438	0.6824	0.6264
\$130	0.8478	0.8305	0.8191	0.8032	0.7953	0.7874	0.7716	0.7603	0.7439	0.6863	0.6268
\$135	0.8480	0.8395	0.8223	0.8111	0.7953	0.7874	0.7795	0.7640	0.7527	0.6866	0.6353
\$140	0.8508	0.8397	0.8312	0.8142	0.8031	0.7874	0.7795	0.7717	0.7563	0.7029	0.6395
\$145	0.8510	0.8424	0.8314	0.8230	0.8060	0.7950	0.7795	0.7717	0.7638	0.7031	0.6473
\$150	0.8667	0.8426	0.8339	0.8232	0.8147	0.7978	0.7869	0.7717	0.7638	0.7074	0.6476
\$175	0.8951	0.8774	0.8599	0.8426	0.8296	0.8235	0.7981	0.7921	0.7795	0.7244	0.6704
\$200	0.8956	0.8860	0.8770	0.8680	0.8589	0.8499	0.8326	0.8156	0.7987	0.7378	0.6851
\$250	0.8964	0.8868	0.8778	0.8688	0.8596	0.8506	0.8408	0.8318	0.8228	0.7776	0.7110
\$300	0.8975	0.8879	0.8789	0.8699	0.8606	0.8516	0.8418	0.8327	0.8237	0.7784	0.7325
\$350	0.8989	0.8893	0.8803	0.8713	0.8619	0.8529	0.8431	0.8339	0.8249	0.7795	0.7334
10%	0.8117	0.8031	0.7889	0.7675	0.7557	0.7480	0.7403	0.7324	0.7246	0.6847	0.6459
15%	0.8168	0.8050	0.7960	0.7812	0.7606	0.7489	0.7412	0.7334	0.7256	0.6860	0.6473
20%	0.8184	0.8097	0.7982	0.7888	0.7737	0.7536	0.7422	0.7344	0.7266	0.6872	0.6488
25%	0.8260	0.8116	0.8026	0.7914	0.7819	0.7661	0.7465	0.7353	0.7276	0.6884	0.6501
30%	0.8295	0.8187	0.8048	0.7956	0.7846	0.7748	0.7585	0.7395	0.7286	0.6895	0.6514
40%	0.8359	0.8262	0.8160	0.8041	0.7914	0.7816	0.7711	0.7607	0.7433	0.6917	0.6540
50%	0.8450	0.8325	0.8225	0.8121	0.8025	0.7895	0.7778	0.7675	0.7575	0.6937	0.6564

Tables 34 ER O/P & 36 UC O/P Continued

UC Copay	ER Copay									
	\$250	\$300	\$350	10%	15%	20%	25%	30%	40%	50%
N/A	0.6063	0.5276	0.4489	0.9000	0.8500	0.8000	0.7500	0.7000	0.6000	0.5000
\$0	0.4680	0.3994	0.3336	0.8275	0.7264	0.6484	0.5749	0.5228	0.4411	0.3737
\$5	0.4695	0.4012	0.3357	0.8316	0.7276	0.6500	0.5769	0.5252	0.4437	0.3760
\$10	0.4710	0.4030	0.3378	0.8358	0.7288	0.6515	0.5788	0.5276	0.4464	0.3783
\$15	0.4724	0.4047	0.3398	0.8428	0.7299	0.6530	0.5807	0.5298	0.4489	0.3805
\$20	0.4738	0.4064	0.3418	0.8452	0.7309	0.6545	0.5826	0.5321	0.4515	0.3827
\$25	0.4752	0.4081	0.3438	0.8492	0.7319	0.6558	0.5843	0.5342	0.4540	0.3849
\$30	0.4765	0.4097	0.3457	0.8521	0.7355	0.6572	0.5861	0.5364	0.4564	0.3870
\$35	0.4778	0.4113	0.3476	0.8581	0.7465	0.6586	0.5879	0.5385	0.4589	0.3892
\$40	0.4791	0.4129	0.3495	0.8631	0.7574	0.6599	0.5895	0.5406	0.4612	0.3912
\$45	0.4804	0.4145	0.3514	0.8675	0.7611	0.6611	0.5912	0.5427	0.4636	0.3933
\$50	0.4816	0.4160	0.3532	0.8682	0.7649	0.6623	0.5928	0.5446	0.4659	0.3953
\$55	0.4828	0.4175	0.3550	0.8692	0.7680	0.6635	0.5943	0.5466	0.4682	0.3973
\$60	0.4840	0.4190	0.3568	0.8753	0.7743	0.6653	0.5959	0.5485	0.4704	0.3993
\$75	0.4851	0.4204	0.3585	0.8874	0.7859	0.6696	0.5974	0.5504	0.4727	0.4014
\$80	0.4861	0.4217	0.3601	0.8902	0.7899	0.6714	0.5987	0.5521	0.4748	0.4032
\$85	0.4871	0.4230	0.3617	0.8964	0.7954	0.6768	0.6005	0.5539	0.4769	0.4050
\$90	0.4881	0.4243	0.3633	0.9014	0.8008	0.6917	0.6031	0.5556	0.4789	0.4068
\$95	0.4891	0.4256	0.3649	0.9060	0.8040	0.6973	0.6048	0.5572	0.4808	0.4086
\$100	0.4900	0.4268	0.3664	0.9060	0.8053	0.6994	0.6061	0.5588	0.4828	0.4102
\$105	0.4909	0.4280	0.3679	0.9084	0.8071	0.7057	0.6078	0.5603	0.4847	0.4119
\$110	0.4918	0.4292	0.3694	0.9153	0.8184	0.7092	0.6091	0.5619	0.4866	0.4136
\$115	0.4926	0.4303	0.3708	0.9219	0.8284	0.7232	0.6114	0.5634	0.4884	0.4152
\$120	0.4934	0.4314	0.3722	0.9285	0.8314	0.7263	0.6126	0.5648	0.4902	0.4168
\$125	0.4942	0.4325	0.3736	0.9300	0.8341	0.7351	0.6144	0.5662	0.4919	0.4183
\$130	0.4982	0.4335	0.3749	0.9327	0.8395	0.7372	0.6189	0.5679	0.4936	0.4198
\$135	0.5061	0.4345	0.3762	0.9393	0.8469	0.7459	0.6286	0.5702	0.4953	0.4213
\$140	0.5219	0.4355	0.3775	0.9513	0.8544	0.7540	0.6468	0.5734	0.4969	0.4228
\$145	0.5298	0.4365	0.3788	0.9526	0.8589	0.7625	0.6564	0.5756	0.4985	0.4242
\$150	0.5337	0.4374	0.3800	0.9579	0.8589	0.7641	0.6610	0.5771	0.5001	0.4256
\$175	0.5613	0.4383	0.3812	0.9834	0.8828	0.7928	0.6972	0.5821	0.5016	0.4269
\$200	0.5777	0.4734	0.3822	0.9842	0.9095	0.8146	0.7227	0.6256	0.5029	0.4281
\$250	0.6063	0.5079	0.4127	0.9854	0.9320	0.8560	0.7684	0.6814	0.5430	0.4618
\$300	0.6234	0.5276	0.4380	0.9870	0.9332	0.8781	0.8022	0.7214	0.5908	0.5019
\$350	0.6421	0.5359	0.4489	0.9890	0.9348	0.8793	0.8242	0.7501	0.6238	0.5296
10%	0.5722	0.5220	0.4759	0.8353	0.7287	0.6513	0.5786	0.5273	0.4461	0.3599
15%	0.5740	0.5242	0.4784	0.8416	0.7297	0.6527	0.5804	0.5294	0.4485	0.3619
20%	0.5758	0.5264	0.4810	0.8447	0.7307	0.6541	0.5821	0.5315	0.4509	0.3639
25%	0.5775	0.5285	0.4835	0.8481	0.7316	0.6554	0.5838	0.5336	0.4533	0.3659
30%	0.5792	0.5305	0.4859	0.8511	0.7343	0.6567	0.5855	0.5356	0.4556	0.3678
40%	0.5825	0.5346	0.4908	0.8608	0.7524	0.6593	0.5888	0.5397	0.4602	0.3716
50%	0.5857	0.5386	0.4954	0.8678	0.7627	0.6616	0.5919	0.5435	0.4646	0.3752

Table 35 ER NF

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 37 PCP

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9615
\$3	0.9426
\$5	0.9051
\$10	0.8146
\$15	0.7285
\$20	0.6468
\$25	0.5694
\$30	0.4964
\$35	0.4418
\$40	0.3885
\$45	0.3365
\$50	0.2860
\$55	0.2404
\$60	0.1948
\$65	0.1492
\$70	0.1036
\$75	0.0580

Table 37 PCP

b. Copay%	
Copay%	Factor
10%	0.8541
15%	0.7850
20%	0.7185
25%	0.6544
30%	0.5930
40%	0.4777
50%	0.3868

Table 38 E-visits PCP

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9487
\$3	0.9237
\$5	0.8750
\$10	0.7605
\$15	0.6562
\$20	0.5614
\$25	0.4759
\$30	0.3991
\$35	0.3305
\$40	0.2698
\$45	0.2165
\$50	0.1700
\$55	0.1417
\$60	0.1148
\$65	0.0894
\$70	0.0653
\$75	0.0427

Table 38 E-visits PCP

b. Copay%	
Copay%	Factor
10%	0.8591
15%	0.7924
20%	0.7283
25%	0.6665
30%	0.6068
40%	0.4949
50%	0.3918

Table 39 Walk-In Clinics

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9474
\$3	0.9217
\$5	0.8713
\$10	0.7519
\$15	0.6416
\$20	0.5401
\$25	0.4472
\$30	0.3627
\$35	0.3004
\$40	0.2405
\$45	0.1830
\$50	0.1278
\$55	0.0767
\$60	0.0256
\$65	0.0000
\$70	0.0000
\$75	0.0000

Table 39 Walk-In Clinics

b. Copay%	
Copay%	Factor
10%	0.8477
15%	0.7763
20%	0.7080
25%	0.6427
30%	0.5804
40%	0.4648
50%	0.3607

Table 40 Non-designated PCP

a. Copay	Applies to All PCPs	Applies to Designated PCP
	Factor	Factor
Copay		
\$0	1.0000	1.0000
\$2	0.9615	0.9700
\$3	0.9426	0.9552
\$5	0.9051	0.9259
\$10	0.8146	0.8547
\$15	0.7285	0.7863
\$20	0.6468	0.7208
\$25	0.5694	0.6581
\$30	0.4964	0.5983
\$35	0.4418	0.5413
\$40	0.3885	0.4871
\$45	0.3365	0.4358
\$50	0.2860	0.3873
\$55	0.2404	0.3566
\$60	0.1948	0.3267
\$65	0.1492	0.2975
\$70	0.1036	0.2690
\$75	0.0580	0.2413

Table 40 Non-designated PCP

b. Copay%	Applies to All PCPs	Applies to Designated PCP
	Factor	Factor
Copay%		
10%	0.8541	0.8387
15%	0.7850	0.7632
20%	0.7185	0.6910
25%	0.6544	0.6223
30%	0.5930	0.5570
40%	0.4777	0.4366
50%	0.3868	0.3297

Table 41 Specialist

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9700
\$3	0.9552
\$5	0.9259
\$10	0.8547
\$15	0.7863
\$20	0.7208
\$25	0.6581
\$30	0.5983
\$35	0.5413
\$40	0.4871
\$45	0.4358
\$50	0.3873
\$55	0.3566
\$60	0.3267
\$65	0.2975
\$70	0.2690
\$75	0.2413

Table 41 Specialist

b. Copay%	
Copay%	Factor
10%	0.8387
15%	0.7632
20%	0.6910
25%	0.6223
30%	0.5570
40%	0.4366
50%	0.3297

Table 42 E-visits Specialist

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9487
\$3	0.9237
\$5	0.8750
\$10	0.7605
\$15	0.6562
\$20	0.5614
\$25	0.4759
\$30	0.3991
\$35	0.3305
\$40	0.2698
\$45	0.2165
\$50	0.1700
\$55	0.1417
\$60	0.1148
\$65	0.0894
\$70	0.0653
\$75	0.0427

Table 42 E-visits Specialist

b. Copay%	
Copay%	Factor
10%	0.8591
15%	0.7924
20%	0.7283
25%	0.6665
30%	0.6068
40%	0.4949
50%	0.3918

Table 43 Office Based Surgery

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9878
\$3	0.9817
\$5	0.9695
\$10	0.9394
\$15	0.9096
\$20	0.8801
\$25	0.8509
\$30	0.8221
\$35	0.7898
\$40	0.7581
\$45	0.7269
\$50	0.6962
\$55	0.6702
\$60	0.6445
\$65	0.6190
\$70	0.5939
\$75	0.5689
\$80	0.5478
\$85	0.5266
\$90	0.5054
\$95	0.4842
\$100	0.4630

Table 43 Office Based Surgery

b. Copay%	
Copay%	Factor
10%	0.8860
15%	0.8302
20%	0.7752
25%	0.7209
30%	0.6646
40%	0.5541
50%	0.4531

Table 44 PCP - Inpatient

a. Copay%	
Copay%	Factor
10%	0.8864
15%	0.8308
20%	0.7759
25%	0.7217
30%	0.6683
40%	0.5638
50%	0.4623

Table 45 Specialist - Inpatient

a. Copay%	
Copay%	Factor
10%	0.8610
15%	0.7948
20%	0.7307
25%	0.6688
30%	0.6090
40%	0.5138
50%	0.4282

Table 46 Maternity NF

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9986
\$3	0.9979
\$5	0.9964
\$10	0.9929
\$15	0.9893
\$20	0.9857
\$25	0.9822
\$30	0.9786
\$35	0.9751
\$40	0.9716
\$45	0.9680
\$50	0.9645
\$55	0.9610
\$60	0.9575
\$65	0.9540
\$70	0.9505
\$75	0.9470

Table 46 Maternity NF

b. Copay%

Copay%	Factor
10%	0.8525
15%	0.8052
20%	0.7578
25%	0.7104
30%	0.6631
40%	0.5683
50%	0.4736

Table 47 Prenatal

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9986
\$3	0.9979
\$5	0.9964
\$10	0.9929
\$15	0.9893
\$20	0.9857
\$25	0.9822
\$30	0.9786
\$35	0.9751
\$40	0.9716
\$45	0.9680
\$50	0.9645
\$55	0.9610
\$60	0.9575
\$65	0.9540
\$70	0.9505
\$75	0.9470

Table 47 Prenatal

b. Copay%

Copay%	Factor
10%	0.8525
15%	0.8052
20%	0.7578
25%	0.7104
30%	0.6631
40%	0.5683
50%	0.4736

Table 49 Bariatric - physician

	Mandate Benefit No Ben Max	Rider Benefit No Ben Max	Rider Benefit Ben Max
All copay/admit/day	0.1400	1.0000	1.0000

Table 47 Prenatal

c. Breast Pump/Lactation

Copay%	Breast & Lactation	Breast Pump	Lactation Counseling	Not Covered
0%	1.1449	1.0700	1.0700	1.0000
10%	1.1591	1.0766	1.0766	1.0000
15%	1.1688	1.0811	1.0811	1.0000
20%	1.1798	1.0862	1.0862	1.0000
25%	1.1925	1.0920	1.0920	1.0000
30%	1.2067	1.0985	1.0985	1.0000
40%	1.2432	1.1150	1.1150	1.0000
50%	1.2950	1.1380	1.1380	1.0000

Table 48 Surgery NF

a. Copay %

Copay%	Factor
10%	0.8598
15%	0.7816
20%	0.7194
25%	0.6650
30%	0.6206
40%	0.5320
50%	0.4433

Table 49 Bariatric - physician

a. Copay %

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000
Not covered	0.0000

Table 49 Bariatric - physician

b. Maximum Benefit	Rider with Benefit Maximum							Mandated or Rider Benefit No Maximum
Copay %	50%	40%	30%	25%	20%	15%	10%	NA
\$10,000 per procedure	0.8189	0.7430	0.6802	0.6470	0.6180	0.5908	0.5635	1.0000
\$1,000,000 per lifetime	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 50 Allergy Testing - NF

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9942
\$3	0.9914
\$5	0.9856
\$10	0.9713
\$15	0.9572
\$20	0.9431
\$25	0.9277
\$30	0.9124
\$35	0.8973
\$40	0.8823
\$45	0.8674
\$50	0.8526
\$55	0.8339
\$60	0.8154
\$65	0.7971
\$70	0.7789
\$75	0.7610
Not Covered	0.0000

Table 50 Allergy Testing - NF

b. Copay%

Copay%	Factor
10%	0.8766
15%	0.8152
20%	0.7548
25%	0.6959
30%	0.6368
40%	0.5177
50%	0.4257

Table 51 Allergy Trmt/Serum -NF

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9800
\$3	0.9701
\$5	0.9505
\$10	0.9022
\$15	0.8551
\$20	0.8093
\$25	0.7647
\$30	0.7214
\$35	0.6793
\$40	0.6385
\$45	0.5988
\$50	0.5604
\$55	0.5385
\$60	0.5165
\$65	0.4945
\$70	0.4725
\$75	0.4505
Not Covered	0.0000

Table 51 Allergy Trmt/Serum -NF

b. Copay %

Copay%	Factor
10%	0.8824
15%	0.8251
20%	0.7688
25%	0.7134
30%	0.6590
40%	0.5532
50%	0.4512

Table 52 Oral Surgery NF

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9968
\$3	0.9952
\$5	0.9921
\$10	0.9841
\$15	0.9763
\$20	0.9684
\$25	0.9606
\$30	0.9528
\$35	0.9451
\$40	0.9373
\$45	0.9296
\$50	0.9220
\$55	0.9143
\$60	0.9067
\$65	0.8992
\$70	0.8916
\$75	0.8841

Table 52 Oral Surgery NF

b. Copay%

Copay%	Factor
10%	0.8541
15%	0.7901
20%	0.7334
25%	0.6780
30%	0.6324
40%	0.5420
50%	0.4517

Table 52 Oral Surgery NF

c. Option

	Factor
Include Medical in Nature	1.0000
Include Medical & Dental in Nature	1.0330

Table 53 Routine Physical - Adult

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9799
\$3	0.9700
\$5	0.9502
\$10	0.9013
\$15	0.8534
\$20	0.8065
\$25	0.7563
\$30	0.7074
\$35	0.6599
\$40	0.6138
\$45	0.5691
\$50	0.5257
\$55	0.4852
\$60	0.4459
\$65	0.4077
\$70	0.3708
\$75	0.3349
Not Covered	0.0000

Table 53 Routine Physical - Adult

b. Copay%	
Copay%	Factor
10%	0.8700
15%	0.8076
20%	0.7422
25%	0.6783
30%	0.6168
40%	0.5010
50%	0.3975

Table 53 Routine Physical - Adult

c. Coverage Limit	
Coverage Limit	Factor
No Age or Frequency Limitations Apply	1.1800
1/12 Months	1.0000
1/24 Months	0.8200
1 Exam Every 12 Months for Ages 21 and Over	1.0000
1 Exam Every 24 Months for Ages 21 to 65, age 65+ 1 every 12 months	0.8200
Age 18 to age 65, 1 exam every 24 months. Age 65 & over, 1 exam every 12 months.	
Includes blood lead screening.	0.8200
1 exam every 12 months age 18 to 22, 1 exam every 24 months age 22 to 65, 1 exam every 12 months age 65 and older	0.8300
months age 19 to	
1 exam every 12 months age 65 and older	0.8300
months age 21 to	
1 exam every 12 months age 65 and older	0.8300
1 exam every 12 months age 18 to 22, 1 exam every 24 months age 22 through 999	0.8300
1 exam every 24 months age 22 to 65, 1 exam every 12 months age 65 and older	0.8300
1 exam per calendar year age 19 to 22, 1 exam every 24 months age 22 to 65, 1 exam per calendar year age 65 and older.	0.8300
Age 19 & older, 1 exam per calendar year	1.0000
1 visit per plan year, ages 22 - 999	1.0000
1 visit per calendar year, ages 22 - 999	1.0000
1 visit per 12 months, ages 22 - 999	1.0000

Table 53 Routine Physical - Adult

c. Preventive Care Calendar Year Maximum	
Option	Factor
N/A	1.0000
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.5600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6100
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6200
Includes Well Child, Well Adult and Immunizations	0.7800
Includes Well Child, Well Adult, Immunizations, and Routine Mammograms	0.7400
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6200
Includes Well Child, Well Adult, Immunizations, and Routine PSA	0.7600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.7300
Includes Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.7500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine GYN	0.6800
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6300
Includes Well Adult, Immunizations, and Routine PSA	0.9300
Includes Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.8100
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.6700
Includes Well Adult, Immunizations, and Routine GYN	0.8500
Includes Well Baby, Well Child, Well Adult, and Immunizations	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine Mammograms	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.5600
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.6400
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine PSA	0.6300
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.6800
Includes Well Baby, Well Child, Well Adult, and Routine PSA	0.8000
Includes Well Adult, Routine GYN, Routine Pap Smears, and Routine PSA	0.9300
Includes Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.8500
Includes Well Baby, Well Child, Well Adult, and Routine Pap Smears	0.7900
Includes Well Baby, Well Child, and Well Adult	0.7900

Table 54 Immunization - Adult

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9799
\$3	0.9700
\$5	0.9502
\$10	0.9013
\$15	0.8534
\$20	0.8065
\$25	0.7563
\$30	0.7074
\$35	0.6599
\$40	0.6138
\$45	0.5691
\$50	0.5257
\$55	0.4852
\$60	0.4459
\$65	0.4077
\$70	0.3708
\$75	0.3349
Not Covered	0.0000

Table 54 Immunization - Adult

a2. Immunization - Adult - If routine physical is covered, then copay for these benefits isn't collected	
Copay	Factor
\$0	1.0000
\$5	1.0000
\$10	1.0000
\$15	1.0000
\$20	1.0000
\$25	1.0000
\$30	1.0000
\$35	1.0000
\$40	1.0000
\$45	1.0000
\$50	1.0000
\$55	1.0000
\$60	1.0000
\$65	1.0000
\$70	1.0000
\$75	1.0000

Table 54 Immunization - Adult

b. Copay%	
Copay%	Factor
10%	0.8700
15%	0.8076
20%	0.7422
25%	0.6783
30%	0.6168
40%	0.5010
50%	0.3975

Table 54 Immunization - Adult

c. Preventive Care Calendar Year Maximum	
Option	Factor
N/A	1.0000
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.5600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6100
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6200
Includes Well Child, Well Adult and Immunizations	0.7800
Includes Well Child, Well Adult, Immunizations, and Routine Mammograms	0.7400
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6200
Includes Well Child, Well Adult, Immunizations, and Routine PSA	0.7600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.7300
Includes Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.7500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine GYN	0.6800
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6300
Includes Well Adult, Immunizations, and Routine PSA	0.9300
Includes Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.8100
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.6700
Includes Well Adult, Immunizations, and Routine GYN	0.8500
Includes Well Baby, Well Child, Well Adult, and Immunizations	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine Mammograms	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.5600
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.6400
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine PSA	0.6300
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.6800
Includes Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.8500

Table 55 Routine Physical - Child

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9738
\$3	0.9609
\$5	0.9352
\$10	0.8721
\$15	0.8110
\$20	0.7516
\$25	0.6941
\$30	0.6384
\$35	0.5845
\$40	0.5325
\$45	0.4823
\$50	0.4339
\$55	0.3948
\$60	0.3562
\$65	0.3180
\$70	0.2803
\$75	0.2446
Not Covered	0.0000

Table 55 Routine Physical - Child

d. Preventive Care Calendar Year Maximum

Option	Factor
N/A	1.0000
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.5600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6100
Includes Well Child, Well Adult and Immunizations	0.7800
Includes Well Child, Well Adult, Immunizations, and Routine Mammograms	0.7400
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6200
Includes Well Child, Well Adult, Immunizations, and Routine PSA	0.7600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.7300
Includes Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.7500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine GYN	0.6800
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.6700
Includes Well Baby, Well Child, Well Adult, and Immunizations	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine Mammograms	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.5600
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.6400
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine PSA	0.6300
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.6800
Includes Well Baby, Well Child, Well Adult, and Routine PSA	0.8000
Includes Well Baby, Well Child, Well Adult, and Routine Pap Smears	0.7900
Includes Well Baby, Well Child, and Well Adult	0.7900

Table 56 Immunization - Child

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9738
\$3	0.9609
\$5	0.9352
\$10	0.8721
\$15	0.8110
\$20	0.7516
\$25	0.6941
\$30	0.6384
\$35	0.5845
\$40	0.5325
\$45	0.4823
\$50	0.4339
\$55	0.3948
\$60	0.3562
\$65	0.3180
\$70	0.2803
\$75	0.2446
Not Covered	0.0000

Table 57 Routine Eye Exam

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9594
\$3	0.9394
\$5	0.8999
\$10	0.8041
\$15	0.7127
\$20	0.6257
\$25	0.5431
\$30	0.4649
\$35	0.3834
\$40	0.3086
\$45	0.2403
\$50	0.1786
\$55	0.1314
\$60	0.0854
\$65	0.0409
\$70	0.0000
\$75	0.0000
Not Covered	0.0000

Table 55 Routine Physical - Child

b. Copay%

Copay%	Factor
10%	0.8627
15%	0.7971
20%	0.7336
25%	0.6722
30%	0.6129
40%	0.5004
50%	0.3991

Table 56 Immunization - Child

b. Copay%

Copay%	Factor
10%	0.8627
15%	0.7971
20%	0.7336
25%	0.6722
30%	0.6129
40%	0.5004
50%	0.3991

Table 57 Routine Eye Exam

b. Copay%

Copay%	Factor
10%	0.8687
15%	0.8056
20%	0.7443
25%	0.6847
30%	0.6269
40%	0.5164
50%	0.4130

Table 55 Routine Physical - Child

c. Limiting Age

Benefit Descriptions	Factor
3 exams 25 - 36 months, 1 exam per 12 months thereafter to age 18	1.0625
3 exams 25 - 36 months, 1 exam per 12 months thereafter to age 19	1.0625
3 exams 25 - 36 months, 1 exam per 12 months thereafter thru age 21	1.0625
No Schedule for first 24 months; 3 exams 25 - 36 months, 1 exam per 12 months thereafter to age 19	1.1458
6 exams 1st 12 months, 2 exams 13th - 24 months, 1 exam per year thereafter.	0.9583
7 exams 1st 12 months, 2 exams 13th - 24 months, 1 exam per year thereafter.	1.0000
7 exams 1st 12 months, 3 exams 13th - 24 months, 3 exams 25th - 36th months, 1 exam per 12 months thereafter	1.0625
7 exams 1st 12 months, 3 exams 13th - 24 months, 3 exams 25th - 36th months, 1 exam per calendar year thereafter to age 19.	1.0625
7 exams 1st 12 months, 3 exams 13 - 24 months, 3 exams 25 - 36 months, 1 exam per 12 months thereafter thru age 21	1.0625
9 exams 1st 24 months, 1 exam per 12 months thereafter to age 7	0.6250
9 exams 1st 24 months, 1 exam per 12 months thereafter	1.0000
Unlimited exam for child to age 12, 3 exams per year child age 12-21	1.1875
1 exam every 365 days	0.7083
No schedule applies	1.1458
\$500 maximum birth to age 1. \$150 calendar year maximum ages 1 year to 9 years.	0.7083

Table 56 Immunization - Child

c. Preventive Care Calendar Year Maximum

Option	Factor
N/A	1.0000
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.5600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6100
Includes Well Child, Well Adult and Immunizations	0.7800
Includes Well Child, Well Adult, Immunizations, and Routine Mammograms	0.7400
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6200
Includes Well Child, Well Adult, Immunizations, and Routine PSA	0.7600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.7300
Includes Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.7500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine GYN	0.6800
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.6700
Includes Well Baby, Well Child, Well Adult, and Immunizations	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine Mammograms	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.5600
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.6400
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine PSA	0.6300
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.6800

Table 57 Routine Eye Exam

c. Routine Eye Exam

Maximum	Factor
Eye Exam excluded, includes Glaucoma Test every 5 yrs age 35+	0.0200
Standard Schedule	0.9900
HMO Schedule Applies	0.7500
1 per 12 months Child Only	0.2475

Table 58 Speech & Hearing NF

a. Copay

Copay	Factors
\$0	1.0000
\$2	0.9886
\$3	0.9829
\$5	0.9716
\$10	0.9435
\$15	0.9158
\$20	0.8884
\$25	0.8539
\$30	0.8200
\$35	0.7868
\$40	0.7543
\$45	0.7225
\$50	0.6913
\$55	0.6673
\$60	0.6436
\$65	0.6202
\$70	0.5972
\$75	0.5745

Table 58 Speech & Hearing NF

b. Copay%

Copay%	Factor
10%	0.8941
15%	0.8416
20%	0.7895
25%	0.7377
30%	0.6862
40%	0.5843
50%	0.4836

Table 58 Speech & Hearing NF

c. Routine Hearing Maximum

Option	Factor
1 Exam per 36 months	0.3300
Audiometric exams for children under age 13	0.4860
Child to age 18	0.5440
Child to age 2 covered 1 exam per 48 months	0.0634
N/A	1.0000

Table 59 Routine Gyn

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9888
\$3	0.9832
\$5	0.9720
\$10	0.9439
\$15	0.9159
\$20	0.8878
\$25	0.8598
\$30	0.8317
\$35	0.8037
\$40	0.7756
\$45	0.7476
\$50	0.7195
\$55	0.6915
\$60	0.6635
\$65	0.6354
\$70	0.6074
\$75	0.5793
Not Covered	0.0000

Table 59 Routine Gyn

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 59 Routine Gyn

c. Benefit Maximums

Maximums	Factor
1 exam per calendar year	0.9850
2 visits 12 months	0.9990

Table 59 Routine Gyn

c. Preventive Care Calendar Year Maximum

Option	Factor
N/A	1.0000
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.5600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6100
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6200
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6200
Includes Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.7500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine GYN	0.6800
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6300
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.6700
Includes Well Adult, Immunizations, and Routine GYN	0.8500
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.5600
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.6800
Includes Well Adult, Routine GYN, Routine Pap Smears, and Routine PSA	0.9300
Includes Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.8500

Table 60 Mammography

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9873
\$3	0.9810
\$5	0.9683
\$10	0.9367
\$15	0.9050
\$20	0.8733
\$25	0.8416
\$30	0.8100
\$35	0.7783
\$40	0.7466
\$45	0.7150
\$50	0.6833
\$55	0.6516
\$60	0.6200
\$65	0.5883
\$70	0.5566
\$75	0.5249

Table 60 Mammography

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 60 Mammography

c. Maximums

Maximum	Factor
1 per plan year age 35 and over	0.9700
1 Mammogram per 365 day period, no age limit	0.9800
1 baseline age 35 to 40 age 40 and over 1 per calendar year	0.9650
1 baseline age 35-39, age 40 & over unlimited	0.9950
No Age or Frequency Limitations Apply	1.0000

Table 60 Mammography

c. Preventive Care Calendar Year Maximum

Option	Factor
N/A	1.0000
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.5600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6100
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6200
Includes Well Child, Well Adult, Immunizations, and Routine Mammograms	0.7400
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6200
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.7300
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6300
Includes Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.8100
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine Mammograms	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.5600
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.6400

Table 61 Cancer Screening

a. Copay

Copay	Factor
\$0	1.0000
\$5	0.9962
\$10	0.9924
\$15	0.9886
\$20	0.9847
\$25	0.9809
\$30	0.9771
\$35	0.9733
\$40	0.9695
\$45	0.9657
\$50	0.9618
\$55	0.9580
\$60	0.9542
\$65	0.9504
\$70	0.9466
\$75	0.9428
Not Covered	0.0000

Table 61 Cancer Screening

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 62 Digital Rectal Exam

	Factor
All cost share & limits	1.0000

Table 63 Prostate Specific Antiger

a. Copay

Copay	Factor
\$0	1.0000
\$5	0.9883
\$10	0.9767
\$15	0.9650
\$20	0.9534
\$25	0.9417
\$30	0.9301
\$35	0.9184
\$40	0.9068
\$45	0.8951
\$50	0.8835
\$55	0.8718
\$60	0.8602
\$65	0.8485
\$70	0.8369
\$75	0.8252

Table 63 Prostate Specific Antigen

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 63 Prostate Specific Antigen

c. Preventive Care Calendar Year Maximum

Option	Factor
N/A	1.0000
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.5600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6100
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6200
Includes Well Child, Well Adult, Immunizations, and Routine PSA	0.7600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.7300
Includes Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.7500
Includes Well Adult, Immunizations, and Routine PSA	0.9300
Includes Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.8100
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.6700
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.6400
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine PSA	0.6300
Includes Well Baby, Well Child, Well Adult, and Routine PSA	0.8000
Includes Well Adult, Routine GYN, Routine Pap Smears, and Routine PS.	0.9300

Table 64 Serious MH NF

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9608
\$3	0.9415
\$5	0.9035
\$10	0.8118
\$15	0.7248
\$20	0.6427
\$25	0.5654
\$30	0.4848
\$35	0.4104
\$40	0.3421
\$45	0.2800
\$50	0.2241
\$55	0.1860
\$60	0.1507
\$65	0.1181
\$70	0.0882
\$75	0.0650

Table 64 Serious MH NF

b1. Copay%

Copay%	Factor
10%	0.8371
15%	0.7609
20%	0.6881
25%	0.6189
30%	0.5532
40%	0.4209
50%	0.3058

Table 64 Serious MH NF

b2. Step Coinsurance Plans	Serious MH NF Only Factor
Option	
\$0/\$0 1-4/5-Unlimited/CAL; SM2 \$0 Unlimited/CAL	1.0000
\$0/\$5 1-4/5-Unlimited/CAL; SM2 \$5 Unlimited/CAL	0.9035
\$0/\$10 1-4/5-Unlimited/CAL; SM2 \$10 Unlimited/CAL	0.8118
\$0/\$15 1-4/5-Unlimited/CAL; SM2 \$15 Unlimited/CAL	0.7248
\$0/\$20 1-4/5-Unlimited/CAL; SM2 \$20 Unlimited/CAL	0.6427
\$0/\$25 1-4/5-Unlimited/CAL; SM2 \$25 Unlimited/CAL	0.5654
\$0/\$30 1-4/5-Unlimited/CAL; SM2 \$30 Unlimited/CAL	0.4848
\$0/\$35 1-4/5-Unlimited/CAL; SM2 \$35 Unlimited/CAL	0.4104
\$0/\$40 1-4/5-Unlimited/CAL; SM2 \$40 Unlimited/CAL	0.3421
\$0/\$45 1-4/5-Unlimited/CAL; SM2 \$45 Unlimited/CAL	0.2800
\$0/\$50 1-4/5-Unlimited/CAL; SM2 \$50 Unlimited/CAL	0.2241
\$0/\$55 1-4/5-Unlimited/CAL; SM2 \$55 Unlimited/CAL	0.1860
\$0/\$60 1-4/5-Unlimited/CAL; SM2 \$60 Unlimited/CAL	0.1507
\$0/\$65 1-4/5-Unlimited/CAL; SM2 \$65 Unlimited/CAL	0.1181
\$0/\$70 1-4/5-Unlimited/CAL; SM2 \$70 Unlimited/CAL	0.0882
\$0/\$75 1-4/5-Unlimited/CAL; SM2 \$75 Unlimited/CAL	0.0650
\$0/V, 1-5 visits, \$0/V, 6+ visits	1.0000
\$0/V, 1-5 visits, \$2/V, 6+ visits	0.9777
\$0/V, 1-5 visits, \$3/V, 6+ visits	0.9668
\$0/V, 1-5 visits, \$5/V, 6+ visits	0.9452
\$0/V, 1-5 visits, \$10/V, 6+ visits	0.8931
\$0/V, 1-5 visits, \$15/V, 6+ visits	0.8437
\$0/V, 1-5 visits, \$20/V, 6+ visits	0.7971
\$0/V, 1-5 visits, \$25/V, 6+ visits	0.7532
\$0/V, 1-5 visits, \$30/V, 6+ visits	0.7074
\$0/V, 1-5 visits, \$35/V, 6+ visits	0.6651
\$0/V, 1-5 visits, \$40/V, 6+ visits	0.6264
\$0/V, 1-5 visits, \$45/V, 6+ visits	0.5911
\$0/V, 1-5 visits, \$50/V, 6+ visits	0.5594
\$0/V, 1-5 visits, \$55/V, 6+ visits	0.5377
\$0/V, 1-5 visits, \$60/V, 6+ visits	0.5177
\$0/V, 1-5 visits, \$65/V, 6+ visits	0.4992
\$0/V, 1-5 visits, \$70/V, 6+ visits	0.4822
\$0/V, 1-5 visits, \$75/V, 6+ visits	0.4690
\$25/V, 1-40 visits, \$30/V, 41+ visits	0.5592
\$25/V, 1-40 visits, \$35/V, 41+ visits	0.5535
\$25/V, 1-40 visits, \$40/V, 41+ visits	0.5483
\$0/V, 1-20 visits, \$10/V, 21+ visits	0.9597
\$0/V, 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11+ visits	0.7497
\$0/V, 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11-20 visits	0.6288
\$15/V, 1-5 visits, \$20/V, 6-30 visits, \$20/V, 31+ visits	0.3650
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$25/V, 31+ visits	0.3211
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$30/V, 31+ visits	0.3115
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$35/V, 31+ visits	0.6159
80%/V Visits 1-5 65%/V visits 6-30 50%/V visits 31+	0.5516
80%/V Visits 1-5 65%/V visits 6-30 60%/V visits 31+	0.5653
100%/50% 1-4/5-Unlimited/Cal; SM2 50% Unlimited/Cal	0.3058
100%/60% 1-4/5-Unlimited/Cal; SM2 60% Unlimited/Cal	0.4209
100%/70% 1-4/5-Unlimited/Cal; SM2 70% Unlimited/Cal	0.5532
100%/75% 1-4/5-Unlimited/Cal; SM2 75% Unlimited/Cal	0.6189
100%/80% 1-4/5-Unlimited/Cal; SM2 80% Unlimited/Cal	0.6881
50%/V visits 1-5; 50%/V visits 6-20	0.2404
60%/V visits 1-5; 50%/V visits 6-20	0.2901
70%/V visits 1-5; 50%/V visits 6-20	0.3473
75%/V visits 1-5; 50%/V visits 6-20	0.3757
80%/V visits 1-5; 50%/V visits 6-20	0.4056
85%/V visits 1-5; 50%/V visits 6-20	0.4370
90%/V visits 1-5; 50%/V visits 6-20	0.4700
80%/V visits 1-5; 70%/V visits 6+	0.6142
80%/V visits 1-5; 75%/V visits 6+	0.6513
20% for the first 5 visits. 35% for visits 6-30 and 40% for 31+ visits	0.5653
20% for the first 5 visits. 35% for visits 6-30 and 50% for 31+ visits	0.5516
20% for visits 1-5 and 30% for 6+ visits	0.6115
25% for visits 1-40 and 30% for 41+ visits	0.6139
25% for visits 1-40 and 40% for 41+ visits	0.6037
75%/V visits 1-40; 70%/V visits 41+ per plan year	0.6139
75%/V visits 1-40; 70%/V visits 41+	0.6139
0% visits 1-4; 10% after \$0 Copay 5+ visits	0.8934
0% visits 1-4; 10% after \$2 Copay 5+ visits	0.8719
0% visits 1-4; 10% after \$5 Copay 5+ visits	0.8405
0% visits 1-4; 10% after \$10 Copay 5+ visits	0.7903
0% visits 1-4; 10% after \$15 Copay 5+ visits	0.7427
0% visits 1-4; 10% after \$20 Copay 5+ visits	0.6977
0% visits 1-4; 10% after \$25 Copay 5+ visits	0.6554
0% visits 1-4; 10% after \$30 Copay 5+ visits	0.6112
0% visits 1-4; 10% after \$35 Copay 5+ visits	0.5704
0% visits 1-4; 10% after \$40 Copay 5+ visits	0.5331

Table 64 Serious MH NF

b2. Step Coinsurance Plans (continued)	Serious MH NF Only Factor
Option	
0% visits 1-4; 10% after \$45 Copay 5+ visits	0.4991
0% visits 1-4; 10% after \$50 Copay 5+ visits	0.4684
0% visits 1-4; 10% after \$55 Copay 5+ visits	0.4476
0% visits 1-4; 10% after \$60 Copay 5+ visits	0.4282
0% visits 1-4; 10% after \$65 Copay 5+ visits	0.4104
0% visits 1-4; 10% after \$70 Copay 5+ visits	0.3940
0% visits 1-4; 10% after \$75 Copay 5+ visits	0.3813
0% visits 1-4; 20% after \$0 Copay 5+ visits	0.7959
0% visits 1-4; 20% after \$2 Copay 5+ visits	0.7783
0% visits 1-4; 20% after \$5 Copay 5+ visits	0.7525
0% visits 1-4; 20% after \$10 Copay 5+ visits	0.7525
0% visits 1-4; 20% after \$15 Copay 5+ visits	0.6720
0% visits 1-4; 20% after \$20 Copay 5+ visits	0.6351
0% visits 1-4; 20% after \$25 Copay 5+ visits	0.6003
0% visits 1-4; 20% after \$30 Copay 5+ visits	0.5640
0% visits 1-4; 20% after \$35 Copay 5+ visits	0.5305
0% visits 1-4; 20% after \$40 Copay 5+ visits	0.4997
0% visits 1-4; 20% after \$45 Copay 5+ visits	0.4718
0% visits 1-4; 20% after \$50 Copay 5+ visits	0.4466
0% visits 1-4; 20% after \$55 Copay 5+ visits	0.4294
0% visits 1-4; 20% after \$60 Copay 5+ visits	0.4135
0% visits 1-4; 20% after \$65 Copay 5+ visits	0.3989
0% visits 1-4; 20% after \$70 Copay 5+ visits	0.3854
0% visits 1-4; 20% after \$75 Copay 5+ visits	0.3749
0% visits 1-4; 30% after \$0 Copay 5+ visits	0.7076
0% visits 1-4; 30% after \$2 Copay 5+ visits	0.6935
0% visits 1-4; 30% after \$5 Copay 5+ visits	0.6727
0% visits 1-4; 30% after \$10 Copay 5+ visits	0.6395
0% visits 1-4; 30% after \$15 Copay 5+ visits	0.6080
0% visits 1-4; 30% after \$20 Copay 5+ visits	0.5783
0% visits 1-4; 30% after \$25 Copay 5+ visits	0.5503
0% visits 1-4; 30% after \$30 Copay 5+ visits	0.5212
0% visits 1-4; 30% after \$35 Copay 5+ visits	0.4942
0% visits 1-4; 30% after \$40 Copay 5+ visits	0.4695
0% visits 1-4; 30% after \$45 Copay 5+ visits	0.4470
0% visits 1-4; 30% after \$50 Copay 5+ visits	0.4268
0% visits 1-4; 30% after \$55 Copay 5+ visits	0.4130
0% visits 1-4; 30% after \$60 Copay 5+ visits	0.4002
0% visits 1-4; 30% after \$65 Copay 5+ visits	0.3884
0% visits 1-4; 30% after \$70 Copay 5+ visits	0.3776
0% visits 1-4; 30% after \$75 Copay 5+ visits	0.3692
0% visits 1-4; 40% after \$0 Copay 5+ visits	0.6211
0% visits 1-4; 40% after \$2 Copay 5+ visits	0.6103
0% visits 1-4; 40% after \$5 Copay 5+ visits	0.5945
0% visits 1-4; 40% after \$10 Copay 5+ visits	0.5692
0% visits 1-4; 40% after \$15 Copay 5+ visits	0.5453
0% visits 1-4; 40% after \$20 Copay 5+ visits	0.5227
0% visits 1-4; 40% after \$25 Copay 5+ visits	0.5014
0% visits 1-4; 40% after \$30 Copay 5+ visits	0.4792
0% visits 1-4; 40% after \$35 Copay 5+ visits	0.4587
0% visits 1-4; 40% after \$40 Copay 5+ visits	0.4399
0% visits 1-4; 40% after \$45 Copay 5+ visits	0.4228
0% visits 1-4; 40% after \$50 Copay 5+ visits	0.4074
0% visits 1-4; 40% after \$55 Copay 5+ visits	0.3969
0% visits 1-4; 40% after \$60 Copay 5+ visits	0.3872
0% visits 1-4; 40% after \$65 Copay 5+ visits	0.3782
0% visits 1-4; 40% after \$70 Copay 5+ visits	0.3700
0% visits 1-4; 40% after \$75 Copay 5+ visits	0.3636
0% visits 1-4; 50% after \$0 Copay 5+ visits	0.5458
0% visits 1-4; 50% after \$2 Copay 5+ visits	0.5379
0% visits 1-4; 50% after \$5 Copay 5+ visits	0.5265
0% visits 1-4; 50% after \$10 Copay 5+ visits	0.5081
0% visits 1-4; 50% after \$15 Copay 5+ visits	0.4907
0% visits 1-4; 50% after \$20 Copay 5+ visits	0.4743
0% visits 1-4; 50% after \$25 Copay 5+ visits	0.4588
0% visits 1-4; 50% after \$30 Copay 5+ visits	0.4427
0% visits 1-4; 50% after \$35 Copay 5+ visits	0.4278
0% visits 1-4; 50% after \$40 Copay 5+ visits	0.4141
0% visits 1-4; 50% after \$45 Copay 5+ visits	0.4017
0% visits 1-4; 50% after \$50 Copay 5+ visits	0.3905
0% visits 1-4; 50% after \$55 Copay 5+ visits	0.3829
0% visits 1-4; 50% after \$60 Copay 5+ visits	0.3758
0% visits 1-4; 50% after \$65 Copay 5+ visits	0.3693
0% visits 1-4; 50% after \$70 Copay 5+ visits	0.3633
0% visits 1-4; 50% after \$75 Copay 5+ visits	0.3587
N/A	0.0000

Table 64 Serious MH NF

c. Freqmax	MH SMI NF	All OP MH & SA SA Combined
Maximum	Factor	Factor
20 visits/cal yr	0.7925	0.7808
200 visits/cal yr	0.9995	0.9995
25 visits/cal yr	0.8442	0.8354
30 visits/cal yr	0.8850	0.8784
35 visits/cal yr	0.9128	0.9079
40 visits/cal yr	0.9256	0.9213
45 visits/cal yr	0.9438	0.9406
50 visits/cal yr	0.9498	0.9470
60 visits/cal yr	0.9671	0.9652
90 visits/cal yr	0.9868	0.9860
Unlimited visits/cal yr	1.0000	1.0000
26 visits/cal yr	0.8637	N/A
24 visits/cal yr	0.8377	N/A

Table 64 Serious MH NF

d. Applied Behavioral Analysis	
Benefit	Factor
Not Covered	1.0000
Covered with no age or visit limit restrictions.	1.2000
Covered to age 9, \$34,000 Cal Yr Max Age 9 to 19, \$19,000 cal yr max. Age 19 and over, no coverage.	1.1569
Covered to age 9, \$50,000 Cal Yr Max combined with Behavioral Therapy. Age 9 to 13, \$35,000 Cal Yr Max combined with Behavioral Therapy. Age 13 to 15, \$25,000 Cal Yr Max combined with Behavioral Therapy. age 15 & over, no coverage.	1.1704
Covered to age 15. Age 15 and over, no coverage.	1.1817
Covered to age 22, \$43,400 Cal Yr Max and \$200,000 lifetime max combined with Behavioral Therapy and PTOTST. Age 22 and over, no coverage.	1.1798
Covered to age 18. Age 18 and over, no coverage.	1.1939
Covered to age 17, \$36,000 Cal Yr Max and \$144,000 lifetime max combined with Behavioral Therapy and PTOTST. Age 17 and over, no coverage.	1.1596
Covered to age 17. Age 17 and over, no coverage.	1.1898
Covered to age 19, \$40,000 Cal Yr Max. age 19 and over, no coverage.	1.1743
Covered to age 19. Age 19 and over, no coverage.	1.1980
Covered to age 9, \$50,000 Cal Yr Max combined with Behavioral Therapy & PTOTST. AGE 9 to 19, \$20,000 Cal Yr Max combined with Behavioral Therapy & PTOTST. Age 19 and over, no coverage.	1.1761
Covered to age 13, \$36,000 Cal Yr Max. Age 13 to 21, \$27,000 cal yr max. Age 21 and over, no coverage.	1.1662
Covered to age 21, \$36,000 cal yr max	1.1676
Covered to age 21. Age 21 and over, no coverage.	1.1984
Covered to age 21, \$37,710 cal yr max combined with Behavioral Therapy & PTOTST. Age 21 and over, no coverage.	1.1696
Covered to age 22, \$36,000 Cal Yr Max and \$200,000 lifetime max combined with Behavioral Therapy & PTOTST. Age 22 and over, no coverage.	1.1677
Covered to age 22. Age 22 and over, no coverage.	1.1986
Covered to age 22, \$36,000 Cal Yr Max. age 22 and over, no coverage.	1.1679
Covered to age 16, \$50,000 Cal Yr Max combined with Behavioral Therapy. Age 16 and over, no coverage.	1.1738
Covered to age 16. Age 16 and over, no coverage.	1.1898
Covered to age 10. Age 10 and over, no coverage.	1.1539
Covered to age 9, \$50,000 Cal Yr Max combined with Behavioral Therapy. Age 9 to 16, \$25,000 Cal Yr Max combined with Behavioral Therapy. Age 16 and over, no coverage.	1.1684
Covered to age 21, \$38,527 Cal Yr Max combined with Behavioral Therapy & PTOTST. Age 21 and over, no coverage.	1.1722
Covered to age 18, \$50,000 cal yr max. Age 18 and over, no coverage.	1.1817
Covered Ages 1-7, \$50,000 Cal Yr Max combined with Behavioral Therapy & PTOTST. Ages 7-22, \$1,000 per month combined with Behavioral Therapy & PTOTST. Age 22 and over, no coverage.	1.1634
Covered to age 6, \$36,000 Cal Yr Max. age 6 and over, no coverage.	1.0923
Covered to age 6. Age 6 and over, no coverage.	1.1132
Covered to age 15, \$32,000 Cal Yr Max. age 15 and over, no coverage.	1.1448
Covered to age 7, \$35,000 Cal Yr Max. age 7 and over, no coverage.	1.1006
Covered to age 7. Age 7 and over, no coverage.	1.1246
Covered to age 18, \$30,000 Cal Yr Max. age 18 and over, no coverage.	1.1515
Covered to age 21, \$37,080 Cal Yr Max. age 21 and over, no coverage.	1.1696
Covered to age 21, \$39,721 cal yr max combined with Behavioral Therapy & PTOTST. Age 21 and over, no coverage.	1.1742
Covered to age 13, \$53,613 cal yr max combined with Behavioral Therapy & PTOTST. Age 13 and over, \$26,806 cal yr max combined with Behavioral Therapy & PTOTST.	1.1863
Covered to age 7 \$50,000 Cal Yr Max Age, 7 to 13, \$40,000 cal yr max, 13 to 19, \$40,000 cal yr max. Age 19 and over, no coverage.	1.1812
Covered to age 16, \$52,100 Cal Yr Max combined with Behavioral Therapy. Age 16 and over, no coverage.	1.1738
Covered to age 10, \$36,000 Cal Yr Max. age 10 and over, no coverage.	1.1274

Table 65 MH NF

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9601
\$3	0.9404
\$5	0.9017
\$10	0.8083
\$15	0.7199
\$20	0.6364
\$25	0.5580
\$30	0.4765
\$35	0.4014
\$40	0.3327
\$45	0.2704
\$50	0.2145
\$55	0.1759
\$60	0.1402
\$65	0.1073
\$70	0.0773
\$75	0.0532

Table 65 MH NF

b1. Copay%	
Copay%	Factor
10%	0.8391
15%	0.7638
20%	0.6918
25%	0.6232
30%	0.5580
40%	0.4279
50%	0.3131

Table 65 MH NF

b2. Step Coinsurance Plans	MH NF Only Factor
Option	
\$0/\$0 1-4/5-Unlimited/CAL; SM2 \$0 Unlimited/CAL	1.0000
\$0/\$5 1-4/5-Unlimited/CAL; SM2 \$5 Unlimited/CAL	0.9440
\$0/\$10 1-4/5-Unlimited/CAL; SM2 \$10 Unlimited/CAL	0.8908
\$0/\$15 1-4/5-Unlimited/CAL; SM2 \$15 Unlimited/CAL	0.8404
\$0/\$20 1-4/5-Unlimited/CAL; SM2 \$20 Unlimited/CAL	0.7929
\$0/\$25 1-4/5-Unlimited/CAL; SM2 \$25 Unlimited/CAL	0.7481
\$0/\$30 1-4/5-Unlimited/CAL; SM2 \$30 Unlimited/CAL	0.7017
\$0/\$35 1-4/5-Unlimited/CAL; SM2 \$35 Unlimited/CAL	0.6589
\$0/\$40 1-4/5-Unlimited/CAL; SM2 \$40 Unlimited/CAL	0.6198
\$0/\$45 1-4/5-Unlimited/CAL; SM2 \$45 Unlimited/CAL	0.5843
\$0/\$50 1-4/5-Unlimited/CAL; SM2 \$50 Unlimited/CAL	0.5524
\$0/\$55 1-4/5-Unlimited/CAL; SM2 \$55 Unlimited/CAL	0.5305
\$0/\$60 1-4/5-Unlimited/CAL; SM2 \$60 Unlimited/CAL	0.5101
\$0/\$65 1-4/5-Unlimited/CAL; SM2 \$65 Unlimited/CAL	0.4914
\$0/\$70 1-4/5-Unlimited/CAL; SM2 \$70 Unlimited/CAL	0.4743
\$0/\$75 1-4/5-Unlimited/CAL; SM2 \$75 Unlimited/CAL	0.4606
\$0/V, 1-5 visits, \$0/V, 6-20 visits	1.0000
\$0/V, 1-5 visits, \$2/V, 6-20 visits	0.7720
\$0/V, 1-5 visits, \$3/V, 6-20 visits	0.7650
\$0/V, 1-5 visits, \$5/V, 6-20 visits	0.7513
\$0/V, 1-5 visits, \$10/V, 6-20 visits	0.7183
\$0/V, 1-5 visits, \$15/V, 6-20 visits	0.6870
\$0/V, 1-5 visits, \$20/V, 6-20 visits	0.6574
\$0/V, 1-5 visits, \$25/V, 6-20 visits	0.6296
\$0/V, 1-5 visits, \$30/V, 6-20 visits	0.6008
\$0/V, 1-5 visits, \$35/V, 6-20 visits	0.5742
\$0/V, 1-5 visits, \$40/V, 6-20 visits	0.5499
\$0/V, 1-5 visits, \$45/V, 6-20 visits	0.5278
\$0/V, 1-5 visits, \$50/V, 6-20 visits	0.5080
\$0/V, 1-5 visits, \$55/V, 6-20 visits	0.4944
\$0/V, 1-5 visits, \$60/V, 6-20 visits	0.4817
\$0/V, 1-5 visits, \$65/V, 6-20 visits	0.4701
\$0/V, 1-5 visits, \$70/V, 6-20 visits	0.4595
\$0/V, 1-5 visits, \$75/V, 6-20 visits	0.4509
\$25/V, 1-40 visits, \$30/V, 41+ visits	0.5517
\$25/V, 1-40 visits, \$35/V, 41+ visits	0.5460
\$25/V, 1-40 visits, \$40/V, 41+ visits	0.5407
\$0/V, 1-20 visits, \$10/V, 21+ visits	0.9590
\$0/V, 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11+ visits	0.7453
\$0/V, 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11-20 visits	0.6260
\$15/V, 1-5 visits, \$20/V, 6-30 visits, \$20/V, 31+ visits	0.3614
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$25/V, 31+ visits	0.3169
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$30/V, 31+ visits	0.3072
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$35/V, 31+ visits	0.6094
80%/V Visits 1-5 65%/V visits 6-30 50%/V visits 31+	0.5570
100%/50% 1-4/5-Unlimited/CAL; SM2 50% Unlimited/CAL	0.6086
80%/V Visits 1-5 65%/V visits 6-30 60%/V visits 31+	0.6740
100%/60% 1-4/5-Unlimited/CAL; SM2 60% Unlimited/CAL	0.6740
100%/70% 1-4/5-Unlimited/CAL; SM2 70% Unlimited/CAL	0.7481
100%/75% 1-4/5-Unlimited/CAL; SM2 75% Unlimited/CAL	0.7853
100%/80% 1-4/5-Unlimited/CAL; SM2 80% Unlimited/CAL	0.8244
50%/V visits 1-5; 50%/V visits 6-20	0.2461
60%/V visits 1-5; 50%/V visits 6-20	0.2958
70%/V visits 1-5; 50%/V visits 6-20	0.3519
75%/V visits 1-5; 50%/V visits 6-20	0.3801
80%/V visits 1-5; 50%/V visits 6-20	0.4098
85%/V visits 1-5; 50%/V visits 6-20	0.4409
90%/V visits 1-5; 50%/V visits 6-20	0.4734
80%/V visits 1-5; 70%/V visits 6+	0.6158
80%/V visits 1-5; 75%/V visits 6+	0.6528
20% for the first 5 visits. 35% for visits 6-30 and 40% for 31+ visits	0.5706
20% for visits 1-5 and 30% for 6+ visits	0.6158
20% for the first 5 visits. 35% for visits 6-30 and 50% for 31+ visits	0.5570
25% for visits 1-40 and 30% for 41+ visits	0.6182
25% for visits 1-40 and 40% for 41+ visits	0.6082
75%/V visits 1-40; 70%/V visits 41+ per plan year	0.6182
75%/V visits 1-40; 70%/V visits 41+	0.6182
0% visits 1-4; 10% after \$0 Copay 5+ visits	0.8947
0% visits 1-4; 10% after \$2 Copay 5+ visits	0.8728
0% visits 1-4; 10% after \$5 Copay 5+ visits	0.8407
0% visits 1-4; 10% after \$10 Copay 5+ visits	0.7895
0% visits 1-4; 10% after \$15 Copay 5+ visits	0.7409
0% visits 1-4; 10% after \$20 Copay 5+ visits	0.6951
0% visits 1-4; 10% after \$25 Copay 5+ visits	0.6520
0% visits 1-4; 10% after \$30 Copay 5+ visits	0.6073
0% visits 1-4; 10% after \$35 Copay 5+ visits	0.5661

Table 65 MH NF

b2. Step Coinsurance Plans (continued)	Serious MH NF Only Factor
Option	
0% visits 1-4; 10% after \$40 Copay 5+ visits	0.5284
0% visits 1-4; 10% after \$45 Copay 5+ visits	0.4941
0% visits 1-4; 10% after \$50 Copay 5+ visits	0.4634
0% visits 1-4; 10% after \$55 Copay 5+ visits	0.4423
0% visits 1-4; 10% after \$60 Copay 5+ visits	0.4227
0% visits 1-4; 10% after \$65 Copay 5+ visits	0.4046
0% visits 1-4; 10% after \$70 Copay 5+ visits	0.3881
0% visits 1-4; 10% after \$75 Copay 5+ visits	0.3749
0% visits 1-4; 20% after \$0 Copay 5+ visits	0.7983
0% visits 1-4; 20% after \$2 Copay 5+ visits	0.7803
0% visits 1-4; 20% after \$5 Copay 5+ visits	0.7538
0% visits 1-4; 20% after \$10 Copay 5+ visits	0.7538
0% visits 1-4; 20% after \$15 Copay 5+ visits	0.6715
0% visits 1-4; 20% after \$20 Copay 5+ visits	0.6338
0% visits 1-4; 20% after \$25 Copay 5+ visits	0.5982
0% visits 1-4; 20% after \$30 Copay 5+ visits	0.5614
0% visits 1-4; 20% after \$35 Copay 5+ visits	0.5274
0% visits 1-4; 20% after \$40 Copay 5+ visits	0.4963
0% visits 1-4; 20% after \$45 Copay 5+ visits	0.4681
0% visits 1-4; 20% after \$50 Copay 5+ visits	0.4427
0% visits 1-4; 20% after \$55 Copay 5+ visits	0.4253
0% visits 1-4; 20% after \$60 Copay 5+ visits	0.4091
0% visits 1-4; 20% after \$65 Copay 5+ visits	0.3943
0% visits 1-4; 20% after \$70 Copay 5+ visits	0.3807
0% visits 1-4; 20% after \$75 Copay 5+ visits	0.3698
0% visits 1-4; 30% after \$0 Copay 5+ visits	0.7108
0% visits 1-4; 30% after \$2 Copay 5+ visits	0.6962
0% visits 1-4; 30% after \$5 Copay 5+ visits	0.6749
0% visits 1-4; 30% after \$10 Copay 5+ visits	0.6408
0% visits 1-4; 30% after \$15 Copay 5+ visits	0.6085
0% visits 1-4; 30% after \$20 Copay 5+ visits	0.5780
0% visits 1-4; 30% after \$25 Copay 5+ visits	0.5494
0% visits 1-4; 30% after \$30 Copay 5+ visits	0.5196
0% visits 1-4; 30% after \$35 Copay 5+ visits	0.4922
0% visits 1-4; 30% after \$40 Copay 5+ visits	0.4671
0% visits 1-4; 30% after \$45 Copay 5+ visits	0.4444
0% visits 1-4; 30% after \$50 Copay 5+ visits	0.4240
0% visits 1-4; 30% after \$55 Copay 5+ visits	0.4099
0% visits 1-4; 30% after \$60 Copay 5+ visits	0.3969
0% visits 1-4; 30% after \$65 Copay 5+ visits	0.3849
0% visits 1-4; 30% after \$70 Copay 5+ visits	0.3739
0% visits 1-4; 30% after \$75 Copay 5+ visits	0.3651
0% visits 1-4; 40% after \$0 Copay 5+ visits	0.6257
0% visits 1-4; 40% after \$2 Copay 5+ visits	0.6145
0% visits 1-4; 40% after \$5 Copay 5+ visits	0.5981
0% visits 1-4; 40% after \$10 Copay 5+ visits	0.5720
0% visits 1-4; 40% after \$15 Copay 5+ visits	0.5472
0% visits 1-4; 40% after \$20 Copay 5+ visits	0.5239
0% visits 1-4; 40% after \$25 Copay 5+ visits	0.5019
0% visits 1-4; 40% after \$30 Copay 5+ visits	0.4791
0% visits 1-4; 40% after \$35 Copay 5+ visits	0.4581
0% visits 1-4; 40% after \$40 Copay 5+ visits	0.4388
0% visits 1-4; 40% after \$45 Copay 5+ visits	0.4214
0% visits 1-4; 40% after \$50 Copay 5+ visits	0.4057
0% visits 1-4; 40% after \$55 Copay 5+ visits	0.3949
0% visits 1-4; 40% after \$60 Copay 5+ visits	0.3849
0% visits 1-4; 40% after \$65 Copay 5+ visits	0.3757
0% visits 1-4; 40% after \$70 Copay 5+ visits	0.3673
0% visits 1-4; 40% after \$75 Copay 5+ visits	0.3606
0% visits 1-4; 50% after \$0 Copay 5+ visits	0.5506
0% visits 1-4; 50% after \$2 Copay 5+ visits	0.5424
0% visits 1-4; 50% after \$5 Copay 5+ visits	0.5304
0% visits 1-4; 50% after \$10 Copay 5+ visits	0.5113
0% visits 1-4; 50% after \$15 Copay 5+ visits	0.4932
0% visits 1-4; 50% after \$20 Copay 5+ visits	0.4761
0% visits 1-4; 50% after \$25 Copay 5+ visits	0.4600
0% visits 1-4; 50% after \$30 Copay 5+ visits	0.4433
0% visits 1-4; 50% after \$35 Copay 5+ visits	0.4279
0% visits 1-4; 50% after \$40 Copay 5+ visits	0.4138
0% visits 1-4; 50% after \$45 Copay 5+ visits	0.4011
0% visits 1-4; 50% after \$50 Copay 5+ visits	0.3896
0% visits 1-4; 50% after \$55 Copay 5+ visits	0.3817
0% visits 1-4; 50% after \$60 Copay 5+ visits	0.3744
0% visits 1-4; 50% after \$65 Copay 5+ visits	0.3677
0% visits 1-4; 50% after \$70 Copay 5+ visits	0.3615
0% visits 1-4; 50% after \$75 Copay 5+ visits	0.3566
N/A	0.0000

Table 65 MH NF

d. Freqmax	MH non-SMI NF Factor	All OP MH & SA SA Combined Factor
Maximum		
20 visits/cal yr	0.8534	0.7808
200 visits/cal yr	1.0000	0.9995
25 visits/cal yr	0.8974	0.8354
30 visits/cal yr	0.9278	0.8784
35 visits/cal yr	0.9469	0.9079
40 visits/cal yr	0.9519	0.9213
45 visits/cal yr	0.9645	0.9406
50 visits/cal yr	0.9657	0.9470
60 visits/cal yr	0.9772	0.9652
90 visits/cal yr	0.9890	0.9860
Unlimited visits/cal yr	1.0000	1.0000
26 visits/cal yr	0.9158	N/A
24 visits/cal yr	0.8917	N/A

Table 66 MH part hosp

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9831
\$3	0.9747
\$5	0.9580
\$10	0.9168
\$15	0.8764
\$20	0.8369
\$25	0.7981
\$30	0.7526
\$35	0.7082
\$40	0.6649
\$45	0.6225
\$50	0.5812
\$55	0.5580
\$60	0.5353
\$65	0.5130
\$70	0.4912
\$75	0.4826

Table 66 MH part hosp

b1. Copay%	
Copay%	Factor
10%	0.7216
15%	0.5800
20%	0.5014
25%	0.4585
30%	0.4280
40%	0.3668
50%	0.3057

Table 66 MH part hosp

b2. Step Coinsurance Plans	Part hosp Only Factor
Option	
\$0/\$0 1-4/5-Unlimited/CAL; SM2 \$0 Unlimited/CAL	1.0000
\$0/\$5 1-4/5-Unlimited/CAL; SM2 \$5 Unlimited/CAL	0.9580
\$0/\$10 1-4/5-Unlimited/CAL; SM2 \$10 Unlimited/CAL	0.9168
\$0/\$15 1-4/5-Unlimited/CAL; SM2 \$15 Unlimited/CAL	0.8764
\$0/\$20 1-4/5-Unlimited/CAL; SM2 \$20 Unlimited/CAL	0.8369
\$0/\$25 1-4/5-Unlimited/CAL; SM2 \$25 Unlimited/CAL	0.7981
\$0/\$30 1-4/5-Unlimited/CAL; SM2 \$30 Unlimited/CAL	0.7526
\$0/\$35 1-4/5-Unlimited/CAL; SM2 \$35 Unlimited/CAL	0.7082
\$0/\$40 1-4/5-Unlimited/CAL; SM2 \$40 Unlimited/CAL	0.6649
\$0/\$45 1-4/5-Unlimited/CAL; SM2 \$45 Unlimited/CAL	0.6225
\$0/\$50 1-4/5-Unlimited/CAL; SM2 \$50 Unlimited/CAL	0.5812
\$0/\$55 1-4/5-Unlimited/CAL; SM2 \$55 Unlimited/CAL	0.5580
\$0/\$60 1-4/5-Unlimited/CAL; SM2 \$60 Unlimited/CAL	0.5353
\$0/\$65 1-4/5-Unlimited/CAL; SM2 \$65 Unlimited/CAL	0.5130
\$0/\$70 1-4/5-Unlimited/CAL; SM2 \$70 Unlimited/CAL	0.4912
\$0/\$75 1-4/5-Unlimited/CAL; SM2 \$75 Unlimited/CAL	0.4826
\$0/V, 1-5 visits, \$0/V, 6+ visits	1.0000
\$0/V, 1-5 visits, \$2/V, 6+ visits	0.9904
\$0/V, 1-5 visits, \$3/V, 6+ visits	0.9856
\$0/V, 1-5 visits, \$5/V, 6+ visits	0.9762
\$0/V, 1-5 visits, \$10/V, 6+ visits	0.9528
\$0/V, 1-5 visits, \$15/V, 6+ visits	0.9298
\$0/V, 1-5 visits, \$20/V, 6+ visits	0.9073
\$0/V, 1-5 visits, \$25/V, 6+ visits	0.8853
\$0/V, 1-5 visits, \$30/V, 6+ visits	0.8595
\$0/V, 1-5 visits, \$35/V, 6+ visits	0.8343
\$0/V, 1-5 visits, \$40/V, 6+ visits	0.8097
\$0/V, 1-5 visits, \$45/V, 6+ visits	0.7856
\$0/V, 1-5 visits, \$50/V, 6+ visits	0.7622
\$0/V, 1-5 visits, \$55/V, 6+ visits	0.7490
\$0/V, 1-5 visits, \$60/V, 6+ visits	0.7361
\$0/V, 1-5 visits, \$65/V, 6+ visits	0.7234
\$0/V, 1-5 visits, \$70/V, 6+ visits	0.7110
\$0/V, 1-5 visits, \$75/V, 6+ visits	0.7062
\$25/V, 1-40 visits, \$30/V, 41+ visits	0.7946
\$25/V, 1-40 visits, \$35/V, 41+ visits	0.7912
\$25/V, 1-40 visits, \$40/V, 41+ visits	0.7878
\$0/V, 1-20 visits, \$10/V, 21+ visits	0.9822
\$0/V, 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11+ visits	0.8856
\$0/V, 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11-20 visits	0.7149
\$15/V, 1-5 visits, \$20/V, 6-30 visits, \$20/V, 31+ visits	0.6652
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$25/V, 31+ visits	0.5690
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$30/V, 31+ visits	0.4894
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$35/V, 31+ visits	0.8213
80%/V Visits 1-5 65%/V visits 6-30 50%/V visits 31+	0.4314
80%/V Visits 1-5 65%/V visits 6-30 60%/V visits 31+	0.4387
100%/50% 1-4/5-Unlimited/Cal; SM2 50% Unlimited/Cal	0.3057
100%/60% 1-4/5-Unlimited/Cal; SM2 60% Unlimited/Cal	0.3668
100%/70% 1-4/5-Unlimited/Cal; SM2 70% Unlimited/Cal	0.4280
100%/75% 1-4/5-Unlimited/Cal; SM2 75% Unlimited/Cal	0.4585
100%/80% 1-4/5-Unlimited/Cal; SM2 80% Unlimited/Cal	0.5014
50%/V visits 1-5; 50%/V visits 6-20	0.2403
60%/V visits 1-5; 50%/V visits 6-20	0.2667
70%/V visits 1-5; 50%/V visits 6-20	0.2931
75%/V visits 1-5; 50%/V visits 6-20	0.3064
80%/V visits 1-5; 50%/V visits 6-20	0.3249
85%/V visits 1-5; 50%/V visits 6-20	0.3589
90%/V visits 1-5; 50%/V visits 6-20	0.4200
80%/V visits 1-5; 70%/V visits 6+	0.5335
80%/V visits 1-5; 75%/V visits 6+	0.5706
20% for the first 5 visits. 35% for visits 6-30 and 40% for 31+ visits	0.4387
20% for visits 1-5 and 30% for 6+ visits	0.4597
20% for the first 5 visits. 35% for visits 6-30 and 50% for 31+ visits	0.4314
25% for visits 1-40 and 30% for 41+ visits	0.4562
25% for visits 1-40 and 40% for 41+ visits	0.4515
75%/V visits 1-40; 70%/V visits 41+ per plan year	0.4562
75%/V visits 1-40; 70%/V visits 41+	0.4562
0% visits 1-4; 10% after \$0 Copay 5+ visits	0.8178
0% visits 1-4; 10% after \$2 Copay 5+ visits	0.8099
0% visits 1-4; 10% after \$5 Copay 5+ visits	0.7980
0% visits 1-4; 10% after \$10 Copay 5+ visits	0.7786
0% visits 1-4; 10% after \$15 Copay 5+ visits	0.7595
0% visits 1-4; 10% after \$20 Copay 5+ visits	0.7408
0% visits 1-4; 10% after \$25 Copay 5+ visits	0.7225
0% visits 1-4; 10% after \$30 Copay 5+ visits	0.7010
0% visits 1-4; 10% after \$35 Copay 5+ visits	0.6801
0% visits 1-4; 10% after \$40 Copay 5+ visits	0.6596

Table 66 MH part hosp

d. Freqmax	MH part hosp NF Factor	All OP MH & SA SA Combined Factor
Maximum		
20 visits/cal yr	NA	0.7808
200 visits/cal yr	NA	0.9995
25 visits/cal yr	NA	0.8354
30 visits/cal yr	NA	0.8784
35 visits/cal yr	NA	0.9079
40 visits/cal yr	NA	0.9213
45 visits/cal yr	NA	0.9406
50 visits/cal yr	NA	0.9470
60 visits/cal yr	0.9838	0.9652
90 visits/cal yr	NA	0.9860
Unlimited visits/cal yr	1.0000	1.0000
30 visits/cal yr; (SMI) unlimited cal yr	0.9302	N/A
120 visits/cal yr	1.0000	N/A

Table 66 MH part hosp

b2. Step Coinsurance Plans (continued)	Serious MH NF Only Factor
Option	
0% visits 1-4; 10% after \$45 Copay 5+ visits	0.6396
0% visits 1-4; 10% after \$50 Copay 5+ visits	0.6201
0% visits 1-4; 10% after \$55 Copay 5+ visits	0.6091
0% visits 1-4; 10% after \$60 Copay 5+ visits	0.5984
0% visits 1-4; 10% after \$65 Copay 5+ visits	0.5879
0% visits 1-4; 10% after \$70 Copay 5+ visits	0.5776
0% visits 1-4; 10% after \$75 Copay 5+ visits	0.5735
0% visits 1-4; 20% after \$0 Copay 5+ visits	0.6737
0% visits 1-4; 20% after \$2 Copay 5+ visits	0.6682
0% visits 1-4; 20% after \$5 Copay 5+ visits	0.6600
0% visits 1-4; 20% after \$10 Copay 5+ visits	0.6600
0% visits 1-4; 20% after \$15 Copay 5+ visits	0.6332
0% visits 1-4; 20% after \$20 Copay 5+ visits	0.6202
0% visits 1-4; 20% after \$25 Copay 5+ visits	0.6075
0% visits 1-4; 20% after \$30 Copay 5+ visits	0.5926
0% visits 1-4; 20% after \$35 Copay 5+ visits	0.5780
0% visits 1-4; 20% after \$40 Copay 5+ visits	0.5638
0% visits 1-4; 20% after \$45 Copay 5+ visits	0.5499
0% visits 1-4; 20% after \$50 Copay 5+ visits	0.5363
0% visits 1-4; 20% after \$55 Copay 5+ visits	0.5287
0% visits 1-4; 20% after \$60 Copay 5+ visits	0.5213
0% visits 1-4; 20% after \$65 Copay 5+ visits	0.5140
0% visits 1-4; 20% after \$70 Copay 5+ visits	0.5068
0% visits 1-4; 20% after \$75 Copay 5+ visits	0.5040
0% visits 1-4; 30% after \$0 Copay 5+ visits	0.6257
0% visits 1-4; 30% after \$2 Copay 5+ visits	0.6210
0% visits 1-4; 30% after \$5 Copay 5+ visits	0.6139
0% visits 1-4; 30% after \$10 Copay 5+ visits	0.6024
0% visits 1-4; 30% after \$15 Copay 5+ visits	0.5911
0% visits 1-4; 30% after \$20 Copay 5+ visits	0.5800
0% visits 1-4; 30% after \$25 Copay 5+ visits	0.5691
0% visits 1-4; 30% after \$30 Copay 5+ visits	0.5564
0% visits 1-4; 30% after \$35 Copay 5+ visits	0.5440
0% visits 1-4; 30% after \$40 Copay 5+ visits	0.5319
0% visits 1-4; 30% after \$45 Copay 5+ visits	0.5200
0% visits 1-4; 30% after \$50 Copay 5+ visits	0.5084
0% visits 1-4; 30% after \$55 Copay 5+ visits	0.5019
0% visits 1-4; 30% after \$60 Copay 5+ visits	0.4956
0% visits 1-4; 30% after \$65 Copay 5+ visits	0.4893
0% visits 1-4; 30% after \$70 Copay 5+ visits	0.4832
0% visits 1-4; 30% after \$75 Copay 5+ visits	0.4808
0% visits 1-4; 40% after \$0 Copay 5+ visits	0.5857
0% visits 1-4; 40% after \$2 Copay 5+ visits	0.5816
0% visits 1-4; 40% after \$5 Copay 5+ visits	0.5756
0% visits 1-4; 40% after \$10 Copay 5+ visits	0.5657
0% visits 1-4; 40% after \$15 Copay 5+ visits	0.5560
0% visits 1-4; 40% after \$20 Copay 5+ visits	0.5465
0% visits 1-4; 40% after \$25 Copay 5+ visits	0.5372
0% visits 1-4; 40% after \$30 Copay 5+ visits	0.5263
0% visits 1-4; 40% after \$35 Copay 5+ visits	0.5157
0% visits 1-4; 40% after \$40 Copay 5+ visits	0.5053
0% visits 1-4; 40% after \$45 Copay 5+ visits	0.4951
0% visits 1-4; 40% after \$50 Copay 5+ visits	0.4852
0% visits 1-4; 40% after \$55 Copay 5+ visits	0.4796
0% visits 1-4; 40% after \$60 Copay 5+ visits	0.4742
0% visits 1-4; 40% after \$65 Copay 5+ visits	0.4688
0% visits 1-4; 40% after \$70 Copay 5+ visits	0.4636
0% visits 1-4; 40% after \$75 Copay 5+ visits	0.4615
0% visits 1-4; 50% after \$0 Copay 5+ visits	0.5457
0% visits 1-4; 50% after \$2 Copay 5+ visits	0.5423
0% visits 1-4; 50% after \$5 Copay 5+ visits	0.5373
0% visits 1-4; 50% after \$10 Copay 5+ visits	0.5291
0% visits 1-4; 50% after \$15 Copay 5+ visits	0.5210
0% visits 1-4; 50% after \$20 Copay 5+ visits	0.5131
0% visits 1-4; 50% after \$25 Copay 5+ visits	0.5053
0% visits 1-4; 50% after \$30 Copay 5+ visits	0.4962
0% visits 1-4; 50% after \$35 Copay 5+ visits	0.4873
0% visits 1-4; 50% after \$40 Copay 5+ visits	0.4787
0% visits 1-4; 50% after \$45 Copay 5+ visits	0.4702
0% visits 1-4; 50% after \$50 Copay 5+ visits	0.4619
0% visits 1-4; 50% after \$55 Copay 5+ visits	0.4573
0% visits 1-4; 50% after \$60 Copay 5+ visits	0.4527
0% visits 1-4; 50% after \$65 Copay 5+ visits	0.4483
0% visits 1-4; 50% after \$70 Copay 5+ visits	0.4439
0% visits 1-4; 50% after \$75 Copay 5+ visits	0.4422
N/A	0.0000

Table 67 SA NF

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9694
\$3	0.9542
\$5	0.9243
\$10	0.8516
\$15	0.7818
\$20	0.7150
\$25	0.6511
\$30	0.5804
\$35	0.5136
\$40	0.4505
\$45	0.3912
\$50	0.3357
\$55	0.3029
\$60	0.2718
\$65	0.2423
\$70	0.2146
\$75	0.2003

Table 67 SA NF

b1. Copay%	
Copay%	Factor
10%	0.8129
15%	0.7266
20%	0.6451
25%	0.5624
30%	0.4814
40%	0.3380
50%	0.2397

Table 67 SA NF

b2. Step Coinsurance Plans		SA NF Only Factor
\$0/V 1-4 visits \$0/V 5+ visits		1.0000
\$0/V 1-4 visits \$5/V 5+ visits		0.9494
\$0/V 1-4 visits \$10/V 5+ visits		0.9007
\$0/V 1-4 visits \$15/V 5+ visits		0.8541
\$0/V 1-4 visits \$20/V 5+ visits		0.8094
\$0/V, 1-4 visits, \$25/V, 5+ visits		0.7666
\$0/V, 1-4 visits, \$30/V, 5+ visits		0.7194
\$0/V, 1-4 visits, \$35/V, 5+ visits		0.6746
\$0/V, 1-4 visits, \$40/V, 5+ visits		0.6324
\$0/V, 1-4 visits, \$45/V, 5+ visits		0.5928
\$0/V, 1-4 visits, \$50/V, 5+ visits		0.5556
\$0/V, 1-4 visits, \$55/V, 5+ visits		0.5337
\$0/V, 1-4 visits, \$60/V, 5+ visits		0.5129
\$0/V, 1-4 visits, \$65/V, 5+ visits		0.4932
\$0/V, 1-4 visits, \$70/V, 5+ visits		0.4746
\$0/V, 1-4 visits, \$75/V, 5+ visits		0.4651
\$0/V, 1-5 visits, \$0/V, 6-60 visits		1.0000
\$0/V, 1-5 visits, \$2/V, 6-60 visits		0.9723
\$0/V, 1-5 visits, \$3/V, 6-60 visits		0.9636
\$0/V, 1-5 visits, \$5/V, 6-60 visits		0.9464
\$0/V, 1-5 visits, \$10/V, 6-60 visits		0.9045
\$0/V, 1-5 visits, \$15/V, 6-60 visits		0.8643
\$0/V, 1-5 visits, \$20/V, 6-60 visits		0.8258
\$0/V, 1-5 visits, \$25/V, 6-60 visits		0.7889
\$0/V, 1-5 visits, \$30/V, 6-60 visits		0.7482
\$0/V, 1-5 visits, \$35/V, 6-60 visits		0.7097
\$0/V, 1-5 visits, \$40/V, 6-60 visits		0.6734
\$0/V, 1-5 visits, \$45/V, 6-60 visits		0.6392
\$0/V, 1-5 visits, \$50/V, 6-60 visits		0.6072
\$0/V, 1-5 visits, \$55/V, 6-60 visits		0.5884
\$0/V, 1-5 visits, \$60/V, 6-60 visits		0.5704
\$0/V, 1-5 visits, \$65/V, 6-60 visits		0.5535
\$0/V, 1-5 visits, \$70/V, 6-60 visits		0.5375
\$0/V, 1-5 visits, \$75/V, 6-60 visits		0.5293
\$25/V, 1-40 visits, \$30/V, 41+ visits		0.6482
\$25/V, 1-40 visits, \$35/V, 41+ visits		0.6456
\$25/V, 1-40 visits, \$40/V, 41+ visits		0.6430
\$0/V, 1-20 visits, \$10/V, 21+ visits		0.9745
\$0/V, 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11+ visits		0.7988
\$0/V, 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11-20 visits		0.6867
\$15/V, 1-5 visits, \$20/V, 6-30 visits, \$20/V, 31+ visits		0.7426
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$25/V, 31+ visits		0.7052
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$30/V, 31+ visits		0.6994
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$35/V, 31+ visits		0.6939
80%/V Visits 1-5 65%/V visits 6-30 50%/V visits 31+		0.4916
80%/V Visits 1-5 65%/V visits 6-30 60%/V visits 31+		0.4997
100%/V visits 1-4; 50%/V visits 5+		0.4914
100%/V visits 1-4 60%/V visits 5+		0.5572
100%/V visits 1-4 70%/V visits 5+		0.6531
100%/V visits 1-4 75%/V visits 5+		0.7073
100%/V visits 1-4 80%/V visits 5+		0.7626
100%/V visits 1-4 90%/V visits 5+		0.8748
50%/V visits 1-5; 50%/V visits 6-20		0.1984
60%/V visits 1-5; 50%/V visits 6-20		0.2391
70%/V visits 1-5; 50%/V visits 6-20		0.2985
75%/V visits 1-5; 50%/V visits 6-20		0.3320
80%/V visits 1-5; 50%/V visits 6-20		0.3662
85%/V visits 1-5; 50%/V visits 6-20		0.3999
90%/V visits 1-5; 50%/V visits 6-20		0.4357
80%/V visits 1-5; 70%/V visits 6+		0.5492
80%/V visits 1-5; 75%/V visits 6+		0.5967
20% for the first 5 visits. 35% for visits 6-30 and 40% for 31+ visits		0.4997
20% for the first 5 visits. 35% for visits 6-30 and 50% for 31+ visits		0.4916
20% for visits 1-5 and 30% for 6+ visits		0.5492
25% for visits 1-40 and 30% for 41+ visits		0.5592
25% for visits 1-40 and 40% for 41+ visits		0.5535
75%/V visits 1-40; 70%/V visits 41+ per plan year		0.5592
75%/V visits 1-40; 70%/V visits 41+		0.5592
0% visits 1-4; 10% after \$0 Copay 5+ visits		0.8748
0% visits 1-4; 10% after \$2 Copay 5+ visits		0.8582
0% visits 1-4; 10% after \$5 Copay 5+ visits		0.8337
0% visits 1-4; 10% after \$10 Copay 5+ visits		0.7942
0% visits 1-4; 10% after \$15 Copay 5+ visits		0.7562
0% visits 1-4; 10% after \$20 Copay 5+ visits		0.7199
0% visits 1-4; 10% after \$25 Copay 5+ visits		0.6851
0% visits 1-4; 10% after \$30 Copay 5+ visits		0.6467
0% visits 1-4; 10% after \$35 Copay 5+ visits		0.6104

Table 67 SA NF

b2. Step Coinsurance Plans		SA NF Only Factor
0% visits 1-4; 10% after \$40 Copay 5+ visits		0.5761
0% visits 1-4; 10% after \$45 Copay 5+ visits		0.5438
0% visits 1-4; 10% after \$50 Copay 5+ visits		0.5136
0% visits 1-4; 10% after \$55 Copay 5+ visits		0.4958
0% visits 1-4; 10% after \$60 Copay 5+ visits		0.4789
0% visits 1-4; 10% after \$65 Copay 5+ visits		0.4629
0% visits 1-4; 10% after \$70 Copay 5+ visits		0.4478
0% visits 1-4; 10% after \$75 Copay 5+ visits		0.4400
0% visits 1-4; 20% after \$0 Copay 5+ visits		0.7626
0% visits 1-4; 20% after \$2 Copay 5+ visits		0.7494
0% visits 1-4; 20% after \$5 Copay 5+ visits		0.7300
0% visits 1-4; 20% after \$10 Copay 5+ visits		0.7300
0% visits 1-4; 20% after \$15 Copay 5+ visits		0.6685
0% visits 1-4; 20% after \$20 Copay 5+ visits		0.6396
0% visits 1-4; 20% after \$25 Copay 5+ visits		0.6121
0% visits 1-4; 20% after \$30 Copay 5+ visits		0.5816
0% visits 1-4; 20% after \$35 Copay 5+ visits		0.5527
0% visits 1-4; 20% after \$40 Copay 5+ visits		0.5255
0% visits 1-4; 20% after \$45 Copay 5+ visits		0.4999
0% visits 1-4; 20% after \$50 Copay 5+ visits		0.4760
0% visits 1-4; 20% after \$55 Copay 5+ visits		0.4618
0% visits 1-4; 20% after \$60 Copay 5+ visits		0.4484
0% visits 1-4; 20% after \$65 Copay 5+ visits		0.4357
0% visits 1-4; 20% after \$70 Copay 5+ visits		0.4237
0% visits 1-4; 20% after \$75 Copay 5+ visits		0.4176
0% visits 1-4; 30% after \$0 Copay 5+ visits		0.6531
0% visits 1-4; 30% after \$2 Copay 5+ visits		0.6432
0% visits 1-4; 30% after \$5 Copay 5+ visits		0.6287
0% visits 1-4; 30% after \$10 Copay 5+ visits		0.6053
0% visits 1-4; 30% after \$15 Copay 5+ visits		0.5829
0% visits 1-4; 30% after \$20 Copay 5+ visits		0.5613
0% visits 1-4; 30% after \$25 Copay 5+ visits		0.5408
0% visits 1-4; 30% after \$30 Copay 5+ visits		0.5180
0% visits 1-4; 30% after \$35 Copay 5+ visits		0.4965
0% visits 1-4; 30% after \$40 Copay 5+ visits		0.4762
0% visits 1-4; 30% after \$45 Copay 5+ visits		0.4571
0% visits 1-4; 30% after \$50 Copay 5+ visits		0.4392
0% visits 1-4; 30% after \$55 Copay 5+ visits		0.4286
0% visits 1-4; 30% after \$60 Copay 5+ visits		0.4186
0% visits 1-4; 30% after \$65 Copay 5+ visits		0.4091
0% visits 1-4; 30% after \$70 Copay 5+ visits		0.4002
0% visits 1-4; 30% after \$75 Copay 5+ visits		0.3956
0% visits 1-4; 40% after \$0 Copay 5+ visits		0.5572
0% visits 1-4; 40% after \$2 Copay 5+ visits		0.5502
0% visits 1-4; 40% after \$5 Copay 5+ visits		0.5401
0% visits 1-4; 40% after \$10 Copay 5+ visits		0.5236
0% visits 1-4; 40% after \$15 Copay 5+ visits		0.5078
0% visits 1-4; 40% after \$20 Copay 5+ visits		0.4927
0% visits 1-4; 40% after \$25 Copay 5+ visits		0.4783
0% visits 1-4; 40% after \$30 Copay 5+ visits		0.4623
0% visits 1-4; 40% after \$35 Copay 5+ visits		0.4472
0% visits 1-4; 40% after \$40 Copay 5+ visits		0.4329
0% visits 1-4; 40% after \$45 Copay 5+ visits		0.4195
0% visits 1-4; 40% after \$50 Copay 5+ visits		0.4070
0% visits 1-4; 40% after \$55 Copay 5+ visits		0.3996
0% visits 1-4; 40% after \$60 Copay 5+ visits		0.3925
0% visits 1-4; 40% after \$65 Copay 5+ visits		0.3859
0% visits 1-4; 40% after \$70 Copay 5+ visits		0.3796
0% visits 1-4; 40% after \$75 Copay 5+ visits		0.3764
0% visits 1-4; 50% after \$0 Copay 5+ visits		0.4914
0% visits 1-4; 50% after \$2 Copay 5+ visits		0.4865
0% visits 1-4; 50% after \$5 Copay 5+ visits		0.4793
0% visits 1-4; 50% after \$10 Copay 5+ visits		0.4676
0% visits 1-4; 50% after \$15 Copay 5+ visits		0.4565
0% visits 1-4; 50% after \$20 Copay 5+ visits		0.4457
0% visits 1-4; 50% after \$25 Copay 5+ visits		0.4355
0% visits 1-4; 50% after \$30 Copay 5+ visits		0.4242
0% visits 1-4; 50% after \$35 Copay 5+ visits		0.4134
0% visits 1-4; 50% after \$40 Copay 5+ visits		0.4033
0% visits 1-4; 50% after \$45 Copay 5+ visits		0.3938
0% visits 1-4; 50% after \$50 Copay 5+ visits		0.3849
0% visits 1-4; 50% after \$55 Copay 5+ visits		0.3797
0% visits 1-4; 50% after \$60 Copay 5+ visits		0.3747
0% visits 1-4; 50% after \$65 Copay 5+ visits		0.3700
0% visits 1-4; 50% after \$70 Copay 5+ visits		0.3655
0% visits 1-4; 50% after \$75 Copay 5+ visits		0.3632
N/A		0.0000

Table 67 SA NF

c. Freqmax	SA NF	All OP MH & SA SA Combined
Maximum	Factor	Factor
20 visits/cal yr	0.8278	0.7808
200 visits/cal yr	1.0000	0.9995
25 visits/cal yr	0.8818	0.8354
30 visits/cal yr	0.9179	0.8784
35 visits/cal yr	0.9429	0.9079
40 visits/cal yr	0.9600	0.9213
45 visits/cal yr	0.9720	0.9406
50 visits/cal yr	0.9800	0.9470
60 visits/cal yr	0.9899	0.9652
90 visits/cal yr	0.9991	0.9860
Unlimited visits/cal yr	1.0000	1.0000
26 visits/cal yr	0.8902	N/A
120 day max/lifetime	0.8500	N/A
120 visits/cal yr	1.0000	N/A
20 visits/cal yr - Alcohol Only	0.4719	N/A
20 visits/cal yr combined with OP detox	0.8278	N/A
20 visits/cal yr for Drug Abuse; unlimited for Alcoholism	0.9260	N/A
3 episodes/lifetime, IP & OP combined	0.9616	N/A
44 visits/cal yr	0.9713	N/A
50 visits/cal yr combined with OP Detox	0.9800	N/A
60 visits/cal yr, 120 visits/lifetime	0.9701	N/A
65 visits/cal yr	0.9927	N/A
14 visits/cal yr	0.7223	N/A
91 visits/cal yr	0.9993	N/A

Table 67 SA NF

d. MA specific	Factor
Alc Only	0.5700
Alc and Drug	1.0000

Table 68 Private Duty Nursing

a. Coinsurance

Coinsurance	Factor
10%	0.8770
15%	0.8174
20%	0.7591
25%	0.7021
30%	0.6463
40%	0.5387
50%	0.4361
Not Covered	0.0000

Table 69 HHC

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9801
\$3	0.9702
\$5	0.9506
\$10	0.9024
\$15	0.8555
\$20	0.8099
\$25	0.7655
\$30	0.7223
\$35	0.6804
\$40	0.6397
\$45	0.6170
\$50	0.5945
\$55	0.5722
\$60	0.5502
\$65	0.5285
\$70	0.5070
\$75	0.4858
Not Covered	0.0000

Table 69 HHC

b. Copay%

Copay%	Factor
10%	0.8393
15%	0.7641
20%	0.6921
25%	0.6236
30%	0.5584
40%	0.4660
50%	0.3816

Table 69 HHC

c. Maximum

Maximum	w/o PDN Factor
60-visit	0.7357
100-visit	0.7968
120-visit	0.8218
80-visit	0.7692
30-visit	0.6579
90-visit	0.7835
200-visit	0.8948
Unlimited	1.0000

Table 70 Hospice NF

a. Copay

Copay	Factor
\$0	1.0000
\$2	1.0000
\$3	1.0000
\$5	1.0000
\$10	1.0000
\$15	1.0000
\$20	1.0000
\$25	1.0000
\$30	1.0000
\$35	1.0000
\$40	1.0000
\$45	1.0000
\$50	1.0000
\$55	1.0000
\$60	1.0000
Not Covered	0.0000

Table 70 Hospice NF

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 70 Hospice NF

c. Benefit Maximum

Maximum	Factor
\$5,000 Lifetime	0.5388
\$9,100 per benefit period of 3 months of continuous care, 3 benefit periods per lifetime. Bereavement Care limited to separate \$1,500 maximum during 12 months following death	0.7162
\$10,000 Lifetime	0.7072
\$10,000 Combined IP, OP & NF	0.7071
Unlimited	1.0000

Table 71 Injectables - AF

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9996
\$3	0.9994
\$5	0.9990
\$10	0.9979
\$15	0.9969
\$20	0.9958
\$25	0.9948
\$30	0.9937
\$35	0.9927
\$40	0.9916
\$45	0.9906
\$50	0.9895
\$55	0.9885
\$60	0.9874
\$65	0.9864
\$70	0.9853
\$75	0.9843
\$100	0.9790
\$125	0.9738
\$150	0.9685
\$175	0.9633
\$200	0.9580
\$250	0.9475
\$300	0.9370
\$350	0.9265
\$400	0.9160
\$500	0.8951

Table 71 Injectables - AF

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 72 Injectables - Office

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9996
\$3	0.9994
\$5	0.9990
\$10	0.9979
\$15	0.9969
\$20	0.9958
\$25	0.9948
\$30	0.9937
\$35	0.9927
\$40	0.9916
\$45	0.9906
\$50	0.9895
\$55	0.9885
\$60	0.9874
\$65	0.9864
\$70	0.9853
\$75	0.9843

Table 72 Injectables - Office

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 73 Durable Medical Equipment

a. Copay%

Copay%	Factor
0%	1.0000
5%	0.9362
10%	0.8739
15%	0.8130
20%	0.7506
25%	0.6856
30%	0.6230
35%	0.5628
40%	0.5050
45%	0.4496
50%	0.4060
Not covered	0.0000

Table 73 Durable Medical Equipment

b. Maximum

	Copay%										
	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%
Dollar Maximum	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$250	0.1949	0.2051	0.2165	0.2293	0.2436	0.2599	0.2784	0.2998	0.3248	0.3543	0.3898
\$500	0.3898	0.3983	0.4079	0.4185	0.4305	0.4440	0.4595	0.4754	0.4895	0.5061	0.5261
\$750	0.4711	0.4798	0.4895	0.5003	0.5124	0.5261	0.5376	0.5508	0.5662	0.5811	0.5975
\$800	0.4821	0.4914	0.5017	0.5132	0.5261	0.5368	0.5490	0.5631	0.5771	0.5922	0.6078
\$1,000	0.5261	0.5346	0.5439	0.5544	0.5662	0.5771	0.5891	0.6015	0.6147	0.6304	0.6491
\$1,250	0.5662	0.5748	0.5844	0.5941	0.6040	0.6147	0.6270	0.6412	0.6553	0.6692	0.6860
\$2,000	0.6491	0.6569	0.6655	0.6751	0.6860	0.6966	0.7087	0.7217	0.7348	0.7494	0.7659
\$2,500	0.6860	0.6943	0.7036	0.7141	0.7242	0.7348	0.7465	0.7589	0.7725	0.7873	0.8024
\$3,000	0.7178	0.7258	0.7348	0.7446	0.7546	0.7659	0.7772	0.7896	0.8024	0.8122	0.8239
\$5,000	0.8024	0.8081	0.8144	0.8214	0.8276	0.8338	0.8408	0.8496	0.8595	0.8691	0.8798
\$7,500	0.8461	0.8534	0.8595	0.8658	0.8724	0.8798	0.8856	0.8924	0.8991	0.9057	0.9137
\$10,000	0.8798	0.8841	0.8889	0.8942	0.8991	0.9039	0.9095	0.9154	0.9211	0.9278	0.9358
\$20,000	0.9358	0.9384	0.9413	0.9446	0.9482	0.9516	0.9554	0.9590	0.9613	0.9641	0.9674
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 74 Diabetic Supplies

Coinsurance	Factor
Covered	1.0000
Not Covered	0.0000

Table 75 Prosthetics and Orthotics

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9976
\$3	0.9964
\$5	0.9940
\$10	0.9879
\$15	0.9819
\$20	0.9758
\$25	0.9698
\$30	0.9637
\$35	0.9577
\$40	0.9516
\$45	0.9456
\$50	0.9395
\$55	0.9335
\$60	0.9274
\$65	0.9214
\$70	0.9153
\$75	0.9093

Table 77 Hearing Aid

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9984
\$3	0.9977
\$5	0.9961
\$10	0.9922
\$15	0.9883
\$20	0.9844
\$25	0.9805
\$30	0.9766
\$35	0.9727
\$40	0.9688
\$45	0.9649
\$50	0.9610
\$55	0.9571
\$60	0.9532
\$65	0.9493
\$70	0.9454
\$75	0.9415
\$100	0.9220
\$110	0.9142
\$125	0.9025
\$150	0.8830
\$175	0.8636
\$200	0.8441
Not Covered	0.0000

Table 78 PKU

Copay%	Factor
0%	1.0000
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000
Not Covered	0.0000

Table 79 Infertility - AI/OI NF

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9901
\$3	0.9852
\$5	0.9753
\$10	0.9506
\$15	0.9258
\$20	0.9011
\$25	0.8764
\$30	0.8517
\$35	0.8269
\$40	0.8022
\$45	0.7775
\$50	0.7528
\$55	0.7280
\$60	0.7033
\$65	0.6786
\$70	0.6539
\$75	0.6292
Not covered	0.0000

Table 75 Prosthetics and Orthotics

b. Copay %	
Copay%	Factor
0%	1.0000
5%	0.9500
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
35%	0.6500
40%	0.6000
45%	0.5500
50%	0.5000

Table 77 Hearing Aid

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000
Not Covered	0.0000

Table 78 PKU

b. Frequency Maximum	
Maximums	Factor
Child to age 3	0.2500
Child to age 6 w/\$5000 cal yr max	0.3200
Child to age 12	0.5400
Thru age 24 w/\$2500 cal yr max	0.5000
Nutritional Support - Child to age 12. Low protein modified food products, amino acid modifie preparations, and oral specialized formulas for the dietary treatment of an inherited metabolic disease.	0.5400
Unlimited	1.0000

Table 79 Infertility - AI/OI NF

b1. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 76 Lens Reimbursement

a. Copay	Every	Every	Every
	12 months	24 months	36 months
Benefit	Factor	Factor	Factor
\$35	0.3879	0.0864	0.0407
\$70	0.4547	0.1861	0.0640
\$75	0.4679	0.2058	0.0867
\$100	0.5231	0.2882	0.1458
\$125	0.5766	0.3680	0.1784
\$150	0.6091	0.4166	0.2416
\$175	0.6343	0.4542	0.2905
\$200	0.6531	0.4823	0.3270
\$250	0.7402	0.6123	0.4960
\$300	0.8084	0.7140	0.6282
\$350	0.8557	0.7846	0.7200
Not Covered	0.0000	0.0000	0.0000

Table 77 Hearing Aid

c. Hearing Aid Limits	
Frequency	Factor
1 hearing aid per ear to \$1,400 maximum per ear every 36 months to age 19; For age 19 and older, \$600 per ear, every three years beginning with the initial purchase of the hearing aid	0.3070
\$1,400 per ear every 36 months	0.5600
\$1,400/ 36 months for child	0.0500
1 hearing aid to a maximum of \$1,000 per ear during any 24 month period for children thru age 15	0.0320
1 hearing aid per ear to \$1,000 maximum per ear every 3 years for child to age 24	0.0430
1 hearing aid to a maximum of \$1,000 per ear during any 24 month period for children under age 13	0.0240
1 hearing aid per ear every 24 months for Children under age 13	0.0510
1 hearing aid to a maximum of \$1,400 per ear during any 36 month period for children under age 18	0.0510
1 hearing aid per ear to \$1,400 maximum per ear every 36 months to age 18.	0.5100
1 hearing aid per ear to a maximum of \$2,500 every 36 months to age 22	0.0760
1 hearing aid per ear every 5 years for child to age 18. Hearing aid replacement can occur more frequently if medically necessary.	0.0900
Child to age 1, initial hearing aids covered for each impaired ear	0.0100
1st hearing aid per ear including ear mold and batteries and follow up visits up to 6 months after aid fitting. In addition, 1st hearing aid per ear for children under the age of 1	0.0100
1 per ear per 36 mos to age 19	0.0860
4 ear molds per calendar year for children to age 2, age 2 to age 18, 2 per 48 months	0.9000
Unlimited/36 Months for Adult and Child	1.0000
\$100 per 12 months	0.0337
\$400 per 12 months	0.1304
\$1,000 per 24 months	0.3032
\$1,500 per 24 months	0.4269
\$1,400 per 36 months	0.3908
\$5,000 per 36 months	0.8369
Unlimited	1.0000

Table 79 Infertility - AI/OI NF

c. Dollar Maximum		
Dollar	Annual	Lifetime
Maximum	Factor	Factor
\$5,000	0.9950	0.9940
\$10,000	1.0000	1.0000
\$15,000	1.0000	1.0000
\$20,000	1.0000	1.0000
\$25,000	1.0000	1.0000
\$100,000	1.0000	1.0000
\$1,000,000	1.0000	1.0000
Unlimited	1.0000	1.0000

Table 79 Infertility - AI/OI NF

c. Dollar Maximum		
Dollar	Annual	Lifetime
Maximum	Factor	Factor
\$5,000	0.9950	0.9940
\$10,000	1.0000	1.0000
\$15,000	1.0000	1.0000
\$20,000	1.0000	1.0000
\$25,000	1.0000	1.0000
\$100,000	1.0000	1.0000
\$1,000,000	1.0000	1.0000
Unlimited	1.0000	1.0000

Table 76 Lens Reimbursement	
Table 191 Lens Reimbursement	
b. Other	
Option	Factor
Child-only eyeglasses	0.2500

Table 79 Infertility - AI/OI NF

Maximum Attempts	Factor
2 per calendar year	0.6150
3 attempts of intrauterine insemination (IUI) and artificial insemination (AI) per lifetime and 4 attempts of ovulation induction (OI) per lifetime to age 40	0.8230
3 courses of treatment per lifetime	0.7750
4 attempts per lifetime, if live birth, 2 additional attempts covered. Includes RX therapy	0.9190
4 attempts per lifetime, if live birth, 2 additional attempts covered.	0.9190
6 attempts of intrauterine insemination (IUI) ovulation induction (OI) and artificial insemination (AI) per lifetime	0.9680
Unlimited	1.0000
Not covered	0.0000

Table 80 ART NF

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9992
\$3	0.9989
\$5	0.9981
\$10	0.9962
\$15	0.9943
\$20	0.9925
\$25	0.9906
\$30	0.9887
\$35	0.9868
\$40	0.9849
\$45	0.9830
\$50	0.9811
\$55	0.9793
\$60	0.9774
\$65	0.9755
\$70	0.9736
\$75	0.9717
Not covered	0.0000

Table 80 ART NF

b. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 80 ART NF

c. Dollar Maximum

Dollar Maximum	Annual Factor	Lifetime Factor
\$5,000	0.6274	0.5529
\$10,000	0.8949	0.8213
\$15,000	0.9678	0.9389
\$20,000	0.9862	0.9724
\$25,000	0.9905	0.9800
\$100,000	0.9961	0.9910
\$1,000,000	1.0000	1.0000
Unlimited	1.0000	1.0000

Table 80 ART NF

d. Other Maxiums

Maximum Attempts	Factor
2 cycles per lifetime maximum, 2 embryo transfers per cycle for IVF, GIFT, ZIFT, low tubal ovum transfer, to age 40.	0.6038
2 per calendar year	0.7085
3 attempts per live birth for Invitro only, excludes all other ART benefits	0.8450
3 cycles per lifetime maximum with 3 embryo transfers per cycle for IVF, GIFT, ZIFT, low tubal ovum transfer	0.8450
3 attempts per live birth for Invitro/ICSI only	0.8450
3 per lifetime	0.8450
4 attempts per lifetime, if live birth, 2 additional attempts covered, Includes Rx therapy.	0.8840
4 attempts per lifetime, if live birth, 2 additional attempts covered	0.8840
4 Oocyte retrievals max, However, if live birth max of 2 more retrievals, no more than 6 retrievals per lifetime	0.8840
6 courses of treatment per lifetime	0.8990
Includes RX Therapy, 4 Oocyte retrievals max, However, if live birth max of 2 more retrievals, no more than 6 retrievals per lifetime	0.8840
IVF, GIFT, ZIFT, sperm/egg procurement, processing, banking, freezing & storage of sperm or embryo	1.0000
Unlimited for Invitro only, excludes all other ART benefits	0.9900
Unlimited	1.0000
Not covered	0.0000

Table 81 TMJ Disorder

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9775
\$3	0.9663
\$5	0.9442
\$10	0.8898
\$15	0.8369
\$20	0.7856
\$25	0.7357
\$30	0.6872
\$35	0.6403
\$40	0.5949
\$45	0.5509
\$50	0.5084
\$55	0.4879
\$60	0.4677
\$65	0.4480
\$70	0.4286
\$75	0.4096
Not covered	0.0000

Table 81 TMJ Disorder

b1. Copay%

Copay%	Factor
10%	0.8218
15%	0.7391
20%	0.6609
25%	0.5870
30%	0.5174
40%	0.3913
50%	0.3105

Table 82 Tubal Ligation

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9970
\$3	0.9955
\$5	0.9924
\$10	0.9849
\$15	0.9774
\$20	0.9699
\$25	0.9624
\$30	0.9496
\$35	0.9369
\$40	0.9242
\$45	0.9117
\$50	0.8992
\$55	0.8868
\$60	0.8745
\$65	0.8623
\$70	0.8502
\$75	0.8381

Table 82 Tubal Ligation

b1. Copay%

Copay%	Factor
10%	0.8267
15%	0.7386
20%	0.6629
25%	0.5959
30%	0.5486
40%	0.4767
50%	0.3973

Table 83 Voluntary Abortion

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9976
\$3	0.9965
\$5	0.9941
\$10	0.9882
\$15	0.9824
\$20	0.9765
\$25	0.9706
\$30	0.9647
\$35	0.9588
\$40	0.9530
\$45	0.9471
\$50	0.9412
\$55	0.9353
\$60	0.9295
\$65	0.9236
\$70	0.9177
\$75	0.9118

Table 83 Voluntary Abortion

b1. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 84 Vasectomy

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9969
\$3	0.9953
\$5	0.9922
\$10	0.9844
\$15	0.9766
\$20	0.9688
\$25	0.9611
\$30	0.9473
\$35	0.9337
\$40	0.9202
\$45	0.9067
\$50	0.8934
\$55	0.8801
\$60	0.8670
\$65	0.8539
\$70	0.8410
\$75	0.8281

Table 84 Vasectomy

b1. Copay%

Copay%	Factor
10%	0.8512
15%	0.7676
20%	0.6983
25%	0.6289
30%	0.5644
40%	0.4838
50%	0.4032

Table 85 Contraceptives

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9909
\$3	0.9863
\$5	0.9772
\$10	0.9543
\$15	0.9315
\$20	0.9087
\$25	0.8858
\$30	0.8630
\$35	0.8402
\$40	0.8174
\$45	0.7945
\$50	0.7717
\$55	0.7489
\$60	0.7260
\$65	0.7032
\$70	0.6804
\$75	0.6575
Not Covered	0.0000

Table 85 Contraceptives

b1. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Include/Exclude Adjustment Factor
Used in Column [2]

Option	Factor
Include	1.0000
Exclude	0.0000

Table 85 Contraceptives

c. Other

Option	Factor
Exclude	0.0000
Include Medical contra only	1.0000
Include Medical contra and oral contraceptives	2.0000
Include Medical contra and oral contra subject to the HCR mandate waive cost share	8.0000
Include medical contra & oral contra HCR mandated waive cost share only, rest not covered	7.0000

Inpatient Pre-certification Adjustment Factor
Used in Column [9]

Option	Factor
Included	1.0000
Excluded	1.1480
None	1.1480

Table 87 Specialty (Self-Injectables)

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Section III.Bottom Line Adjustments:

Table 89 Deductible Carryover

Adjusted Plan Deductible Amount	Factor
\$0	1.0000
\$50	1.0007
\$100	1.0013
\$150	1.0019
\$200	1.0025
\$250	1.0030
\$300	1.0035
\$350	1.0040
\$400	1.0044
\$450	1.0048
\$500	1.0052
\$550	1.0056
\$600	1.0059
\$650	1.0062
\$700	1.0065
\$750	1.0068
\$800	1.0071
\$850	1.0073
\$900	1.0076
\$950	1.0078
\$1,000	1.0080
\$1,250	1.0092
\$1,500	1.0104
\$2,000	1.0128
\$2,500	1.0151
\$3,000	1.0175
\$3,500	1.0199
\$4,000	1.0223
\$4,500	1.0246
\$5,000	1.0270
\$5,500	1.0293
\$6,000	1.0316
\$6,500	1.0339
\$7,000	1.0362
\$7,500	1.0385
\$8,000	1.0408
\$8,500	1.0431
\$9,000	1.0454
\$9,500	1.0477
\$10,000	1.0500
\$15,000	1.0505
\$20,000	1.0510
Not Applicable	1.0000

Table 90 Deductible

a. Deductible Applies to Med/Surg & Pharmacy Costs Are Not Integrated				
Adjusted Plan Deductible Amount *	Percent of Services subject to Plan Deductible			
	>= 40%	<40%	>= 40%	<40%
	Factor	Factor	Factor	Factor
	In network		Out-of-network	
\$0	1.0000	1.0000	1.0000	1.0000
\$50	0.9826	0.9874	0.9726	0.9845
\$100	0.9667	0.9833	0.9481	0.9695
\$150	0.9524	0.9756	0.9267	0.9554
\$200	0.9392	0.9683	0.9076	0.9420
\$250	0.9086	0.9424	0.8726	0.9108
\$300	0.8950	0.9333	0.8546	0.8963
\$350	0.8822	0.9247	0.8380	0.8824
\$400	0.8700	0.9163	0.8224	0.8689
\$450	0.8583	0.9083	0.8077	0.8558
\$500	0.8472	0.9003	0.7936	0.8430
\$550	0.8370	0.8932	0.7806	0.8312
\$600	0.8271	0.8863	0.7682	0.8196
\$650	0.8177	0.8795	0.7562	0.8084
\$700	0.8086	0.8730	0.7448	0.7977
\$750	0.7997	0.8665	0.7338	0.7871
\$800	0.7913	0.8604	0.7233	0.7769
\$850	0.7832	0.8544	0.7133	0.7670
\$900	0.7752	0.8485	0.7034	0.7572
\$950	0.7674	0.8427	0.6939	0.7476
\$1,000	0.7599	0.8370	0.6847	0.7383
\$1,250	0.7287	0.8141	0.6450	0.6982
\$1,500	0.7002	0.7922	0.6093	0.6609
\$2,000	0.6514	0.7531	0.5488	0.5945
\$2,500	0.6106	0.7188	0.4993	0.5375
\$3,000	0.5757	0.6885	0.4577	0.4885
\$3,500	0.5444	0.6599	0.4217	0.4461
\$4,000	0.5171	0.6340	0.3911	0.4104
\$4,500	0.4918	0.6092	0.3642	0.3787
\$5,000	0.4684	0.5856	0.3405	0.3504
\$5,500	0.4515	0.5693	0.3229	0.3290
\$6,000	0.4358	0.5537	0.3070	0.3096
\$6,500	0.4212	0.5389	0.2926	0.2922
\$7,000	0.4075	0.5247	0.2796	0.2766
\$7,500	0.3947	0.5111	0.2675	0.2624
\$8,000	0.3826	0.4983	0.2564	0.2493
\$8,500	0.3712	0.4862	0.2462	0.2376
\$9,000	0.3605	0.4745	0.2367	0.2266
\$9,500	0.3504	0.4632	0.2279	0.2163
\$10,000	0.3408	0.4523	0.2197	0.2069
\$15,000	0.2721	0.3692	0.1656	0.1408
\$20,000	0.2308	0.3174	0.1373	0.1101

* For HRA plans that contain a HealthFund Plan Deductible, the adjusted deductible amount is the sum of the HealthFund Plan Deductible and the Annual HealthFund Contribution.

Table 90 Deductible

b. Deductible Does Not Apply to Med/Surg & Pharmacy Costs Are Not Integrated				
Adjusted Plan Deductible Amount *	Percent of Services subject to Plan Deductible			
	>= 40%	<40%	>= 40%	<40%
	Factor	Factor	Factor	Factor
	In network		Out-of-network	
\$0	1.0000	1.0000	1.0000	1.0000
\$50	0.9770	0.9614	0.9680	0.9444
\$100	0.9546	0.9287	0.9395	0.8998
\$150	0.9337	0.9003	0.9148	0.8629
\$200	0.9140	0.8747	0.8929	0.8310
\$250	0.8777	0.8344	0.8557	0.7868
\$300	0.8583	0.8110	0.8356	0.7600
\$350	0.8400	0.7893	0.8172	0.7357
\$400	0.8227	0.7690	0.8000	0.7134
\$450	0.8062	0.7498	0.7838	0.6927
\$500	0.7905	0.7317	0.7684	0.6732
\$550	0.7759	0.7151	0.7542	0.6554
\$600	0.7620	0.6992	0.7406	0.6385
\$650	0.7486	0.6841	0.7276	0.6225
\$700	0.7358	0.6697	0.7152	0.6074
\$750	0.7234	0.6559	0.7033	0.5930
\$800	0.7117	0.6429	0.6920	0.5797
\$850	0.7003	0.6304	0.6811	0.5669
\$900	0.6893	0.6185	0.6706	0.5546
\$950	0.6787	0.6070	0.6604	0.5429
\$1,000	0.6685	0.5960	0.6505	0.5317
\$1,250	0.6248	0.5497	0.6081	0.4846
\$1,500	0.5861	0.5106	0.5704	0.4456
\$2,000	0.5220	0.4488	0.5072	0.3853
\$2,500	0.4702	0.4019	0.4562	0.3408
\$3,000	0.4274	0.3654	0.4142	0.3058
\$3,500	0.3909	0.3353	0.3784	0.2777
\$4,000	0.3601	0.3110	0.3483	0.2549
\$4,500	0.3330	0.2901	0.3222	0.2351
\$5,000	0.3089	0.2720	0.2995	0.2181
\$5,500	0.2907	0.2589	0.2825	0.2056
\$6,000	0.2745	0.2474	0.2673	0.1945
\$6,500	0.2599	0.2372	0.2538	0.1847
\$7,000	0.2468	0.2282	0.2416	0.1760
\$7,500	0.2349	0.2199	0.2304	0.1681
\$8,000	0.2241	0.2123	0.2203	0.1610
\$8,500	0.2142	0.2054	0.2109	0.1544
\$9,000	0.2052	0.1990	0.2023	0.1486
\$9,500	0.1968	0.1930	0.1945	0.1435
\$10,000	0.1891	0.1875	0.1875	0.1391
\$15,000	0.1382	0.1496	0.1425	0.1088
\$20,000	0.1117	0.1277	0.1191	0.0939

Table 93 Out-of-Pocket

a1. No Med/Surg Deductible or Med/Surg Deductible Applies Toward OOP - Average Plan Coinsurance Less Than or Equal to 98.0%

	Preferred	Non-Preferred	RX Integrated Preferred
Plan OOP Trigger	Factor	Factor	Factor
\$0	1.0000	1.0000	1.0000
\$1	1.0000	1.0000	1.0300
\$500	0.8500	0.8000	0.8755
\$1,000	0.7200	0.6800	0.7475
\$2,000	0.7000	0.6000	0.7363
\$3,000	0.6800	0.5700	0.7219
\$4,000	0.6400	0.5200	0.6838
\$5,000	0.6100	0.4600	0.6550
\$6,000	0.5556	0.4034	0.5990
\$7,000	0.5359	0.3946	0.5797
\$8,000	0.5194	0.3689	0.5635
\$9,000	0.5054	0.3511	0.5498
\$10,000	0.4883	0.3330	0.5324
\$12,500	0.4421	0.2906	0.4844
\$15,000	0.4049	0.2591	0.4454
\$17,500	0.3744	0.2352	0.4132
\$20,000	0.3475	0.2164	0.3846
\$25,000	0.3043	0.1869	0.3384
\$30,000	0.2710	0.1665	0.3026
\$40,000	0.2213	0.1366	0.2486
\$50,000	0.1870	0.1199	0.2111
\$75,000	0.1331	0.0957	0.1504
\$100,000	0.0989	0.0808	0.1118
\$10,000,000	0.0000	0.0000	0.0000

Table 93 Out-of-Pocket

a2. Med/Surg Deductible DOES NOT Apply Toward OOP- Average Plan Coinsurance Less Than or Equal to 98.0%

	Preferred	Non-Preferred
Plan OOP Trigger	Factor	Factor
\$0	1.0000	1.0000
\$1	1.0000	1.0000
\$500	0.7798	0.8000
\$1,000	0.6168	0.6800
\$2,000	0.5457	0.6000
\$3,000	0.4952	0.5700
\$4,000	0.4417	0.5200
\$5,000	0.4038	0.4600
\$6,000	0.3566	0.4034
\$7,000	0.3349	0.3946
\$8,000	0.3181	0.3689
\$9,000	0.3055	0.3511
\$10,000	0.2907	0.3330
\$12,500	0.2561	0.2906
\$15,000	0.2303	0.2591
\$17,500	0.2104	0.2352
\$20,000	0.1935	0.2164
\$25,000	0.1675	0.1869
\$30,000	0.1481	0.1665
\$40,000	0.1197	0.1366
\$50,000	0.0993	0.1199
\$75,000	0.0647	0.0957
\$100,000	0.0419	0.0808
\$10,000,000	0.0000	0.0000

Table 93 Out-of-Pocket

b. Med/Surg Deductible - Average Plan Coinsurance Greater Than 98.0%

Deductible Per Confinement	ADJUSTED OOP LIMIT										
	\$0.01 Factor	\$250 Factor	\$500 Factor	\$1,000 Factor	\$1,500 Factor	\$2,000 Factor	\$2,500 Factor	\$3,000 Factor	\$3,500 Factor	\$4,000 Factor	\$4,500 Factor
\$0	0.0000	0.0000	0.0063	0.0018	0.0007	0.0004	0.0002	0.0001	0.0001	0.0001	0.0001
\$100	0.0440	0.0160	0.0071	0.0021	0.0009	0.0005	0.0003	0.0002	0.0001	0.0001	0.0001
\$150	0.0449	0.0167	0.0076	0.0024	0.0011	0.0006	0.0004	0.0002	0.0002	0.0001	0.0001
\$200	0.0457	0.0175	0.0082	0.0027	0.0012	0.0007	0.0004	0.0003	0.0002	0.0002	0.0001
\$250	0.0593	0.0307	0.0183	0.0084	0.0047	0.0028	0.0018	0.0012	0.0009	0.0006	0.0005
\$300	0.0664	0.0377	0.0238	0.0116	0.0066	0.0041	0.0027	0.0018	0.0013	0.0009	0.0007
\$350	0.0736	0.0447	0.0294	0.0149	0.0086	0.0053	0.0035	0.0024	0.0017	0.0013	0.0010
\$400	0.0775	0.0479	0.0321	0.0167	0.0098	0.0062	0.0041	0.0029	0.0021	0.0016	0.0012
\$450	0.0813	0.0512	0.0349	0.0185	0.0110	0.0071	0.0048	0.0034	0.0025	0.0019	0.0015
\$500	0.0852	0.0544	0.0376	0.0203	0.0123	0.0080	0.0054	0.0039	0.0029	0.0022	0.0017
\$600	0.0922	0.0604	0.0428	0.0239	0.0148	0.0098	0.0068	0.0049	0.0037	0.0029	0.0023
\$700	0.0992	0.0663	0.0480	0.0276	0.0174	0.0116	0.0082	0.0060	0.0045	0.0035	0.0028
\$800	0.1046	0.0706	0.0517	0.0304	0.0194	0.0131	0.0093	0.0068	0.0052	0.0041	0.0033
\$900	0.1085	0.0734	0.0541	0.0325	0.0209	0.0142	0.0101	0.0075	0.0058	0.0045	0.0037
\$1,000	0.1123	0.0761	0.0565	0.0345	0.0223	0.0153	0.0110	0.0082	0.0063	0.0050	0.0040
\$1,250	0.1219	0.0846	0.0641	0.0409	0.0276	0.0193	0.0141	0.0106	0.0083	0.0066	0.0054
\$1,500	0.1315	0.0930	0.0717	0.0473	0.0330	0.0232	0.0171	0.0131	0.0103	0.0082	0.0068
\$2,000	0.1474	0.1064	0.0839	0.0579	0.0427	0.0321	0.0245	0.0190	0.0151	0.0124	0.0103
\$2,500	0.1633	0.1198	0.0961	0.0685	0.0525	0.0410	0.0318	0.0248	0.0199	0.0165	0.0139
\$3,000	0.1814	0.1325	0.1069	0.0781	0.0611	0.0491	0.0397	0.0318	0.0255	0.0211	0.0179
\$3,500	0.1876	0.1387	0.1131	0.0844	0.0673	0.0553	0.0459	0.0380	0.0315	0.0267	0.0228
\$4,000	0.1938	0.1449	0.1194	0.0906	0.0735	0.0615	0.0521	0.0442	0.0376	0.0322	0.0278
\$4,500	0.2000	0.1511	0.1256	0.0968	0.0797	0.0678	0.0583	0.0504	0.0436	0.0378	0.0327
\$5,000	0.2062	0.1573	0.1318	0.1030	0.0859	0.0740	0.0645	0.0566	0.0497	0.0434	0.0377
\$10,000	0.2479	0.1990	0.1734	0.1446	0.1276	0.1156	0.1062	0.0983	0.0913	0.0851	0.0793

Table 93 Out-of-Pocket

b. Med/Surg Deductible - Average Plan Coinsurance Greater Than 98.0% (continued)

Deductible Per Confinement	ADJUSTED OOP LIMIT									
	\$5,000 Factor	\$6,000 Factor	\$7,000 Factor	\$8,000 Factor	\$9,000 Factor	\$10,000 Factor	\$15,000 Factor	\$20,000 Factor	\$50,000 Factor	\$100,000 Factor
\$0	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$100	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$150	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$200	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$250	0.0004	0.0002	0.0001	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000
\$300	0.0006	0.0004	0.0002	0.0001	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000
\$350	0.0007	0.0005	0.0003	0.0002	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000
\$400	0.0010	0.0006	0.0004	0.0003	0.0002	0.0001	0.0000	0.0000	0.0000	0.0000
\$450	0.0012	0.0008	0.0005	0.0004	0.0003	0.0002	0.0000	0.0000	0.0000	0.0000
\$500	0.0014	0.0009	0.0006	0.0004	0.0003	0.0002	0.0000	0.0000	0.0000	0.0000
\$600	0.0018	0.0013	0.0009	0.0006	0.0005	0.0003	0.0000	0.0000	0.0000	0.0000
\$700	0.0023	0.0016	0.0011	0.0008	0.0006	0.0005	0.0001	0.0000	0.0000	0.0000
\$800	0.0027	0.0019	0.0014	0.0010	0.0007	0.0006	0.0001	0.0000	0.0000	0.0000
\$900	0.0030	0.0021	0.0015	0.0011	0.0008	0.0006	0.0001	0.0000	0.0000	0.0000
\$1,000	0.0033	0.0024	0.0017	0.0013	0.0009	0.0007	0.0001	0.0000	0.0000	0.0000
\$1,250	0.0045	0.0032	0.0024	0.0019	0.0014	0.0011	0.0003	0.0000	0.0000	0.0000
\$1,500	0.0056	0.0041	0.0031	0.0024	0.0019	0.0015	0.0004	0.0001	0.0000	0.0000
\$2,000	0.0087	0.0064	0.0050	0.0039	0.0032	0.0026	0.0009	0.0002	0.0000	0.0000
\$2,500	0.0118	0.0088	0.0068	0.0054	0.0044	0.0036	0.0013	0.0004	0.0000	0.0000
\$3,000	0.0154	0.0117	0.0090	0.0072	0.0059	0.0049	0.0020	0.0007	0.0000	0.0000
\$3,500	0.0197	0.0150	0.0118	0.0097	0.0080	0.0067	0.0030	0.0014	0.0000	0.0000
\$4,000	0.0240	0.0182	0.0146	0.0121	0.0101	0.0085	0.0039	0.0020	0.0000	0.0000
\$4,500	0.0282	0.0215	0.0174	0.0146	0.0123	0.0103	0.0049	0.0026	0.0000	0.0000
\$5,000	0.0325	0.0247	0.0202	0.0170	0.0144	0.0121	0.0058	0.0032	0.0000	0.0000
\$10,000	0.0741	0.0647	0.0563	0.0489	0.0423	0.0364	0.0218	0.0137	0.0020	0.0000

Table 93 Out-of-Pocket											
b. Med/Surg Deductible - Average Plan Coinsurance Greater Than 98.0% - RX Integrated											
Deductible	ADJUSTED OOP LIMIT										
Per	\$0.01	\$250	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500
Confinement	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$0	0.0000	0.0000	0.0066	0.0019	0.0008	0.0004	0.0002	0.0001	0.0001	0.0001	0.0001
\$100	0.0445	0.0162	0.0074	0.0023	0.0010	0.0006	0.0003	0.0002	0.0001	0.0001	0.0001
\$150	0.0453	0.0170	0.0080	0.0026	0.0012	0.0007	0.0004	0.0003	0.0002	0.0002	0.0001
\$200	0.0462	0.0177	0.0086	0.0029	0.0013	0.0008	0.0005	0.0003	0.0002	0.0002	0.0001
\$250	0.0599	0.0311	0.0192	0.0091	0.0052	0.0031	0.0020	0.0014	0.0010	0.0007	0.0006
\$300	0.0672	0.0382	0.0251	0.0127	0.0074	0.0046	0.0030	0.0021	0.0015	0.0011	0.0009
\$350	0.0744	0.0453	0.0309	0.0162	0.0096	0.0060	0.0040	0.0028	0.0020	0.0015	0.0012
\$400	0.0783	0.0486	0.0338	0.0182	0.0110	0.0070	0.0047	0.0033	0.0024	0.0019	0.0014
\$450	0.0822	0.0519	0.0367	0.0202	0.0123	0.0080	0.0054	0.0039	0.0029	0.0022	0.0017
\$500	0.0861	0.0552	0.0396	0.0222	0.0137	0.0091	0.0062	0.0045	0.0034	0.0026	0.0020
\$600	0.0916	0.0596	0.0436	0.0253	0.0160	0.0107	0.0075	0.0055	0.0042	0.0032	0.0025
\$700	0.0971	0.0640	0.0476	0.0285	0.0182	0.0124	0.0088	0.0065	0.0050	0.0039	0.0031
\$800	0.1026	0.0684	0.0517	0.0316	0.0205	0.0141	0.0101	0.0075	0.0058	0.0046	0.0036
\$900	0.1080	0.0728	0.0557	0.0347	0.0227	0.0157	0.0114	0.0085	0.0066	0.0052	0.0042
\$1,000	0.1135	0.0772	0.0597	0.0379	0.0250	0.0174	0.0127	0.0095	0.0074	0.0059	0.0047
\$1,250	0.1234	0.0859	0.0694	0.0470	0.0329	0.0235	0.0175	0.0134	0.0106	0.0085	0.0070
\$1,500	0.1332	0.0946	0.0791	0.0562	0.0409	0.0296	0.0223	0.0174	0.0138	0.0112	0.0093
\$2,000	0.1538	0.1115	0.0940	0.0691	0.0528	0.0406	0.0315	0.0247	0.0199	0.0165	0.0139
\$2,500	0.1745	0.1285	0.1090	0.0819	0.0647	0.0516	0.0406	0.0321	0.0260	0.0218	0.0185
\$3,000	0.1989	0.1459	0.1230	0.0937	0.0751	0.0614	0.0502	0.0407	0.0329	0.0274	0.0234
\$3,500	0.2120	0.1575	0.1335	0.1033	0.0842	0.0702	0.0589	0.0492	0.0412	0.0351	0.0302
\$4,000	0.2252	0.1692	0.1440	0.1128	0.0932	0.0791	0.0676	0.0578	0.0495	0.0427	0.0370
\$4,500	0.2383	0.1809	0.1545	0.1223	0.1023	0.0879	0.0763	0.0664	0.0578	0.0503	0.0438
\$5,000	0.2514	0.1926	0.1650	0.1319	0.1114	0.0968	0.0850	0.0750	0.0661	0.0580	0.0506
\$10,000	0.3016	0.2431	0.2284	0.2042	0.1873	0.1743	0.1634	0.1537	0.1447	0.1364	0.1284

Table 93 Out-of-Pocket										
b. Med/Surg Deductible - Average Plan Coinsurance Greater Than 98.0% - RX Integrated (continued)										
Deductible	ADJUSTED OOP LIMIT									
Per	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$15,000	\$20,000	\$50,000	\$100,000
Confinement	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$0	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$100	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$150	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$200	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$250	0.0005	0.0002	0.0001	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000
\$300	0.0006	0.0004	0.0002	0.0002	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000
\$350	0.0008	0.0006	0.0004	0.0002	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000
\$400	0.0011	0.0008	0.0005	0.0003	0.0002	0.0002	0.0000	0.0000	0.0000	0.0000
\$450	0.0014	0.0009	0.0006	0.0004	0.0003	0.0002	0.0000	0.0000	0.0000	0.0000
\$500	0.0017	0.0011	0.0007	0.0005	0.0004	0.0002	0.0000	0.0000	0.0000	0.0000
\$600	0.0021	0.0014	0.0010	0.0007	0.0005	0.0004	0.0000	0.0000	0.0000	0.0000
\$700	0.0026	0.0018	0.0013	0.0009	0.0007	0.0005	0.0001	0.0000	0.0000	0.0000
\$800	0.0030	0.0022	0.0015	0.0011	0.0008	0.0006	0.0001	0.0000	0.0000	0.0000
\$900	0.0035	0.0025	0.0018	0.0014	0.0010	0.0007	0.0001	0.0000	0.0000	0.0000
\$1,000	0.0039	0.0029	0.0021	0.0016	0.0011	0.0009	0.0001	0.0000	0.0000	0.0000
\$1,250	0.0059	0.0043	0.0032	0.0025	0.0019	0.0015	0.0004	0.0000	0.0000	0.0000
\$1,500	0.0078	0.0058	0.0044	0.0035	0.0028	0.0022	0.0006	0.0002	0.0000	0.0000
\$2,000	0.0118	0.0089	0.0069	0.0055	0.0044	0.0036	0.0012	0.0004	0.0000	0.0000
\$2,500	0.0158	0.0119	0.0093	0.0075	0.0061	0.0050	0.0019	0.0006	0.0000	0.0000
\$3,000	0.0203	0.0155	0.0121	0.0097	0.0080	0.0067	0.0028	0.0010	0.0000	0.0000
\$3,500	0.0261	0.0200	0.0159	0.0131	0.0109	0.0092	0.0041	0.0019	0.0000	0.0000
\$4,000	0.0320	0.0245	0.0198	0.0165	0.0139	0.0117	0.0054	0.0027	0.0000	0.0000
\$4,500	0.0379	0.0289	0.0236	0.0198	0.0168	0.0141	0.0067	0.0036	0.0000	0.0000
\$5,000	0.0437	0.0334	0.0274	0.0232	0.0197	0.0166	0.0081	0.0045	0.0000	0.0000
\$10,000	0.1211	0.1073	0.0946	0.0831	0.0725	0.0629	0.0389	0.0250	0.0039	0.0000

Table 93 Out-of-Pocket

Conversion Factor	
Per day deductible conversion factor	2.80

a1. % services SUBJDD >=80%

Table 95 Cross Application

a2. % services SUBJDD <80%

Table 95 Cross Application

b. Out-of-Pocket

[illegible]

Table 97 Lifetime Maximum Benefit

Lifetime Maximum Amt	Factor
\$250,000	0.9350
\$500,000	0.9700
\$1,000,000	0.9875
\$2,000,000	1.0000
\$3,000,000	1.0017
\$4,000,000	1.0033
\$5,000,000	1.0050
Unlimited	1.0100

Table 98 Calendar Year Maximum Benefit

Annual Benefit Max	Factor
\$50,000	0.9700
\$100,000	0.9800
\$150,000	0.9880
\$250,000	0.9950
\$500,000	1.0000
\$1,000,000	1.0010
\$2,000,000	1.0010
\$3,000,000	1.0017
\$4,000,000	1.0033
\$5,000,000	1.0050
Unlimited	1.0100

Table 99 Contract State Mandate Adjustment

Option	Factor
Include Elsewhere	1.0000

Table 100 Family Deductible Limit

a. Standard Family Limit Definition							
Adjusted Plan Deductible	Family Limit						
	None Factor	1X Factor	2X Factor	2.5X Factor	3X Factor	2 Individuals Factor	3 Individuals Factor
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$100	1.0000	1.0110	1.0045	1.0030	1.0010	1.0042	1.0010
\$200	1.0000	1.0190	1.0070	1.0040	1.0020	1.0067	1.0020
\$300	1.0000	1.0260	1.0085	1.0050	1.0030	1.0082	1.0020
\$500	1.0000	1.0370	1.0110	1.0070	1.0030	1.0100	1.0020
\$750	1.0000	1.0450	1.0120	1.0070	1.0030	1.0085	1.0020
\$1,000	1.0000	1.0510	1.0130	1.0060	1.0030	1.0070	1.0010
\$1,250	1.0000	1.0580	1.0135	1.0060	1.0030	1.0070	1.0010
\$1,500	1.0000	1.0650	1.0140	1.0060	1.0020	1.0070	1.0010
\$2,000	1.0000	1.0750	1.0140	1.0060	1.0020	1.0065	1.0010
\$3,000	1.0000	1.0890	1.0140	1.0050	1.0020	1.0055	1.0005
\$4,000	1.0000	1.0980	1.0125	1.0040	1.0020	1.0040	1.0005
\$5,000	1.0000	1.1030	1.0115	1.0035	1.0010	1.0035	1.0005
\$6,000	1.0000	1.1060	1.0100	1.0035	1.0010	1.0035	1.0002
\$7,000	1.0000	1.1070	1.0090	1.0030	1.0010	1.0030	1.0002
\$8,000	1.0000	1.1070	1.0090	1.0030	1.0010	1.0030	1.0002
\$9,000	1.0000	1.1060	1.0080	1.0020	1.0010	1.0025	1.0001
\$10,000	1.0000	1.1050	1.0070	1.0020	1.0005	1.0025	1.0001
\$15,000	1.0000	1.0980	1.0050	1.0015	1.0005	1.0025	1.0001
\$20,000	1.0000	1.0890	1.0035	1.0010	1.0001	1.0025	1.0001

Table 100 Family Deductible Limit

b1. TIF Family Limit Definition (Preferred)											
Family Deductible Limit	Adjusted Plan Deductible From	Adjusted Plan Deductible To	Billing Tier Structure								
			2 Tier		3 Tier			4 Tier			
			Single Factor	Family Factor	Single Factor	2 Party Factor	Family Factor	Single Factor	Couple Factor	EE+Ch(n) Factor	Family Factor
None	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1	\$500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$501	\$1,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1,001	\$1,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1,501	\$2,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$2,001	\$2,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$2,501	\$3,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$3,001	\$3,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$3,501	\$4,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$4,001	\$4,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$4,501	\$5,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$5,001	\$6,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$6,001	\$7,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$7,001	\$8,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$8,001	\$9,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$9,001	\$10,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$10,001	\$15,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$15,001	\$20,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1X	\$1	\$500	1.0000	1.0560	1.0000	1.0220	1.0720	1.0000	1.0220	1.0500	1.0770
1X	\$501	\$1,000	1.0000	1.0820	1.0000	1.0310	1.1070	1.0000	1.0310	1.0700	1.1150
1X	\$1,001	\$1,500	1.0000	1.1080	1.0000	1.0390	1.1410	1.0000	1.0390	1.0860	1.1540
1X	\$1,501	\$2,000	1.0000	1.1250	1.0000	1.0450	1.1660	1.0000	1.0450	1.0950	1.1830
1X	\$2,001	\$2,500	1.0000	1.1380	1.0000	1.0490	1.1840	1.0000	1.0490	1.0990	1.2040
1X	\$2,501	\$3,000	1.0000	1.1470	1.0000	1.0520	1.1970	1.0000	1.0520	1.1010	1.2200
1X	\$3,001	\$3,500	1.0000	1.1540	1.0000	1.0550	1.2070	1.0000	1.0550	1.1020	1.2310
1X	\$3,501	\$4,000	1.0000	1.1590	1.0000	1.0550	1.2140	1.0000	1.0550	1.1020	1.2400
1X	\$4,001	\$4,500	1.0000	1.1620	1.0000	1.0560	1.2190	1.0000	1.0560	1.1030	1.2460
1X	\$4,501	\$5,000	1.0000	1.1640	1.0000	1.0570	1.2230	1.0000	1.0570	1.1040	1.2510
1X	\$5,001	\$6,000	1.0000	1.1660	1.0000	1.0560	1.2280	1.0000	1.0560	1.1040	1.2570
1X	\$6,001	\$7,000	1.0000	1.1670	1.0000	1.0540	1.2320	1.0000	1.0540	1.1040	1.2620
1X	\$7,001	\$8,000	1.0000	1.1660	1.0000	1.0510	1.2330	1.0000	1.0510	1.1030	1.2640
1X	\$8,001	\$9,000	1.0000	1.1640	1.0000	1.0470	1.2330	1.0000	1.0470	1.1030	1.2640
1X	\$9,001	\$10,000	1.0000	1.1610	1.0000	1.0420	1.2320	1.0000	1.0420	1.1050	1.2630
1X	\$10,001	\$15,000	1.0000	1.1500	1.0000	1.0320	1.2250	1.0000	1.0320	1.1070	1.2530
1X	\$15,001	\$20,000	1.0000	1.1310	1.0000	1.0210	1.2060	1.0000	1.0210	1.1070	1.2290
2X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2X	\$1	\$500	1.0000	1.0120	1.0000	0.9850	1.0250	1.0000	0.9850	0.9930	1.0320
2X	\$501	\$1,000	1.0000	1.0060	1.0000	0.9680	1.0230	1.0000	0.9680	0.9770	1.0340
2X	\$1,001	\$1,500	1.0000	0.9900	1.0000	0.9450	1.0120	1.0000	0.9450	0.9530	1.0260
2X	\$1,501	\$2,000	1.0000	0.9720	1.0000	0.9240	0.9960	1.0000	0.9240	0.9300	1.0110
2X	\$2,001	\$2,500	1.0000	0.9540	1.0000	0.9050	0.9790	1.0000	0.9050	0.9070	0.9950
2X	\$2,501	\$3,000	1.0000	0.9360	1.0000	0.8870	0.9610	1.0000	0.8870	0.8850	0.9790
2X	\$3,001	\$3,500	1.0000	0.9190	1.0000	0.8720	0.9440	1.0000	0.8720	0.8660	0.9620
2X	\$3,501	\$4,000	1.0000	0.9040	1.0000	0.8590	0.9270	1.0000	0.8590	0.8490	0.9450
2X	\$4,001	\$4,500	1.0000	0.8890	1.0000	0.8480	0.9100	1.0000	0.8480	0.8340	0.9280
2X	\$4,501	\$5,000	1.0000	0.8760	1.0000	0.8390	0.8950	1.0000	0.8390	0.8200	0.9130
2X	\$5,001	\$6,000	1.0000	0.8630	1.0000	0.8310	0.8810	1.0000	0.8310	0.8060	0.8980
2X	\$6,001	\$7,000	1.0000	0.8450	1.0000	0.8180	0.8590	1.0000	0.8180	0.7860	0.8770
2X	\$7,001	\$8,000	1.0000	0.8230	1.0000	0.8020	0.8340	1.0000	0.8020	0.7650	0.8510
2X	\$8,001	\$9,000	1.0000	0.8060	1.0000	0.7890	0.8160	1.0000	0.7890	0.7490	0.8310
2X	\$9,001	\$10,000	1.0000	0.7900	1.0000	0.7760	0.7980	1.0000	0.7760	0.7360	0.8120
2X	\$10,001	\$15,000	1.0000	0.7540	1.0000	0.7420	0.7610	1.0000	0.7420	0.7140	0.7720
2X	\$15,001	\$20,000	1.0000	0.7200	1.0000	0.7070	0.7280	1.0000	0.7070	0.7000	0.7340

Table 100 Family Deductible Limit

b1. TIF Family Limit Definition (Preferred) Continued											
Family Deductible Limit	Adjusted Plan Deductible From	Adjusted Plan Deductible To	Billing Tier Structure								
			2 Tier		3 Tier			4 Tier			
			Single Factor	Family Factor	Single Factor	2 Party Factor	Family Factor	Single Factor	Couple Factor	EE+Ch(n) Factor	Family Factor
2.5X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2.5X	\$1	\$500	1.0000	0.9920	1.0000	0.9670	1.0030	1.0000	0.9670	0.9680	1.0110
2.5X	\$501	\$1,000	1.0000	0.9720	1.0000	0.9400	0.9870	1.0000	0.9400	0.9390	0.9980
2.5X	\$1,001	\$1,500	1.0000	0.9410	1.0000	0.9060	0.9580	1.0000	0.9060	0.9010	0.9710
2.5X	\$1,501	\$2,000	1.0000	0.9110	1.0000	0.8750	0.9290	1.0000	0.8750	0.8670	0.9430
2.5X	\$2,001	\$2,500	1.0000	0.8830	1.0000	0.8480	0.9010	1.0000	0.8480	0.8360	0.9150
2.5X	\$2,501	\$3,000	1.0000	0.8580	1.0000	0.8260	0.8750	1.0000	0.8260	0.8090	0.8900
2.5X	\$3,001	\$3,500	1.0000	0.8360	1.0000	0.8080	0.8500	1.0000	0.8080	0.7840	0.8650
2.5X	\$3,501	\$4,000	1.0000	0.8150	1.0000	0.7920	0.8270	1.0000	0.7920	0.7620	0.8420
2.5X	\$4,001	\$4,500	1.0000	0.8010	1.0000	0.7820	0.8110	1.0000	0.7820	0.7470	0.8250
2.5X	\$4,501	\$5,000	1.0000	0.7900	1.0000	0.7740	0.7970	1.0000	0.7740	0.7350	0.8120
2.5X	\$5,001	\$6,000	1.0000	0.7650	1.0000	0.7570	0.7680	1.0000	0.7570	0.7090	0.7820
2.5X	\$6,001	\$7,000	1.0000	0.7380	1.0000	0.7380	0.7370	1.0000	0.7380	0.6820	0.7500
2.5X	\$7,001	\$8,000	1.0000	0.7180	1.0000	0.7220	0.7140	1.0000	0.7220	0.6610	0.7260
2.5X	\$8,001	\$9,000	1.0000	0.7020	1.0000	0.7080	0.6970	1.0000	0.7080	0.6480	0.7080
2.5X	\$9,001	\$10,000	1.0000	0.6930	1.0000	0.6980	0.6890	1.0000	0.6980	0.6430	0.6990
2.5X	\$10,001	\$15,000	1.0000	0.6620	1.0000	0.6650	0.6590	1.0000	0.6650	0.6260	0.6670
2.5X	\$15,001	\$20,000	1.0000	0.6030	1.0000	0.6090	0.5980	1.0000	0.6090	0.5870	0.6000
3X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3X	\$1	\$500	1.0000	0.9720	1.0000	0.9510	0.9820	1.0000	0.9510	0.9450	0.9900
3X	\$501	\$1,000	1.0000	0.9400	1.0000	0.9150	0.9530	1.0000	0.9150	0.9040	0.9640
3X	\$1,001	\$1,500	1.0000	0.8960	1.0000	0.8700	0.9090	1.0000	0.8700	0.8550	0.9220
3X	\$1,501	\$2,000	1.0000	0.8570	1.0000	0.8310	0.8690	1.0000	0.8310	0.8130	0.8820
3X	\$2,001	\$2,500	1.0000	0.8220	1.0000	0.8000	0.8340	1.0000	0.8000	0.7760	0.8470
3X	\$2,501	\$3,000	1.0000	0.7920	1.0000	0.7750	0.8010	1.0000	0.7750	0.7440	0.8140
3X	\$3,001	\$3,500	1.0000	0.7680	1.0000	0.7560	0.7740	1.0000	0.7560	0.7180	0.7870
3X	\$3,501	\$4,000	1.0000	0.7500	1.0000	0.7420	0.7530	1.0000	0.7420	0.6980	0.7660
3X	\$4,001	\$4,500	1.0000	0.7310	1.0000	0.7290	0.7320	1.0000	0.7290	0.6790	0.7440
3X	\$4,501	\$5,000	1.0000	0.7090	1.0000	0.7130	0.7060	1.0000	0.7130	0.6560	0.7170
3X	\$5,001	\$6,000	1.0000	0.6860	1.0000	0.6970	0.6790	1.0000	0.6970	0.6320	0.6890
3X	\$6,001	\$7,000	1.0000	0.6620	1.0000	0.6790	0.6520	1.0000	0.6790	0.6080	0.6620
3X	\$7,001	\$8,000	1.0000	0.6440	1.0000	0.6630	0.6320	1.0000	0.6630	0.5910	0.6420
3X	\$8,001	\$9,000	1.0000	0.6280	1.0000	0.6470	0.6160	1.0000	0.6470	0.5790	0.6240
3X	\$9,001	\$10,000	1.0000	0.6060	1.0000	0.6260	0.5930	1.0000	0.6260	0.5620	0.6000
3X	\$10,001	\$15,000	1.0000	0.5700	1.0000	0.5880	0.5570	1.0000	0.5880	0.5390	0.5610
3X	\$15,001	\$20,000	1.0000	0.5290	1.0000	0.5440	0.5180	1.0000	0.5440	0.5140	0.5180

Table 100 Family Deductible Limit

b2. TIF Family Limit Definition (Non Preferred)											
Family Deductible Limit	Adjusted Plan Deductible From	Adjusted Plan Deductible To	Billing Tier Structure								
			2 Tier		3 Tier			4 Tier			
			Single Factor	Family Factor	Single Factor	2 Party Factor	Family Factor	Single Factor	Couple Factor	EE+Ch(n) Factor	Family Factor
None	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1	\$500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$501	\$1,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1,001	\$1,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1,501	\$2,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$2,001	\$2,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$2,501	\$3,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$3,001	\$3,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$3,501	\$4,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$4,001	\$4,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$4,501	\$5,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$5,001	\$6,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$6,001	\$7,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$7,001	\$8,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$8,001	\$9,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$9,001	\$10,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$10,001	\$15,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$15,001	\$20,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1X	\$1	\$500	1.0000	1.0430	1.0280	1.0280	1.0490	1.0000	1.0280	0.9760	1.0520
1X	\$501	\$1,000	1.0000	1.0650	1.0410	1.0410	1.0730	1.0000	1.0410	0.9670	1.0800
1X	\$1,001	\$1,500	1.0000	1.0910	1.0570	1.0570	1.1030	1.0000	1.0570	0.9590	1.1120
1X	\$1,501	\$2,000	1.0000	1.1140	1.0720	1.0720	1.1280	1.0000	1.0720	0.9540	1.1400
1X	\$2,001	\$2,500	1.0000	1.1330	1.0850	1.0850	1.1490	1.0000	1.0850	0.9510	1.1640
1X	\$2,501	\$3,000	1.0000	1.1500	1.0980	1.0980	1.1670	1.0000	1.0980	0.9490	1.1850
1X	\$3,001	\$3,500	1.0000	1.1660	1.1080	1.1080	1.1840	1.0000	1.1080	0.9460	1.2050
1X	\$3,501	\$4,000	1.0000	1.1790	1.1130	1.1130	1.2000	1.0000	1.1130	0.9450	1.2240
1X	\$4,001	\$4,500	1.0000	1.1910	1.1170	1.1170	1.2140	1.0000	1.1170	0.9440	1.2400
1X	\$4,501	\$5,000	1.0000	1.2010	1.1200	1.1200	1.2260	1.0000	1.1200	0.9440	1.2550
1X	\$5,001	\$6,000	1.0000	1.2130	1.1210	1.1210	1.2420	1.0000	1.1210	0.9440	1.2740
1X	\$6,001	\$7,000	1.0000	1.2260	1.1200	1.1200	1.2590	1.0000	1.1200	0.9430	1.2960
1X	\$7,001	\$8,000	1.0000	1.2340	1.1150	1.1150	1.2700	1.0000	1.1150	0.9420	1.3100
1X	\$8,001	\$9,000	1.0000	1.2390	1.1080	1.1080	1.2780	1.0000	1.1080	0.9410	1.3200
1X	\$9,001	\$10,000	1.0000	1.2420	1.1030	1.1030	1.2840	1.0000	1.1030	0.9410	1.3280
1X	\$10,001	\$15,000	1.0000	1.2480	1.0920	1.0920	1.2950	1.0000	1.0920	0.9430	1.3460
1X	\$15,001	\$20,000	1.0000	1.2480	1.0690	1.0690	1.3010	1.0000	1.0690	0.9420	1.3600
2X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2X	\$1	\$500	1.0000	0.9630	1.0000	0.9410	0.9700	1.0000	0.9410	0.9360	0.9750
2X	\$501	\$1,000	1.0000	0.9420	1.0000	0.9040	0.9550	1.0000	0.9040	0.9060	0.9630
2X	\$1,001	\$1,500	1.0000	0.9150	1.0000	0.8550	0.9350	1.0000	0.8550	0.8750	0.9440
2X	\$1,501	\$2,000	1.0000	0.8930	1.0000	0.8170	0.9180	1.0000	0.8170	0.8530	0.9290
2X	\$2,001	\$2,500	1.0000	0.8750	1.0000	0.7880	0.9030	1.0000	0.7880	0.8320	0.9150
2X	\$2,501	\$3,000	1.0000	0.8610	1.0000	0.7680	0.8910	1.0000	0.7680	0.8200	0.9030
2X	\$3,001	\$3,500	1.0000	0.8490	1.0000	0.7490	0.8820	1.0000	0.7490	0.8130	0.8930
2X	\$3,501	\$4,000	1.0000	0.8380	1.0000	0.7320	0.8710	1.0000	0.7320	0.8030	0.8830
2X	\$4,001	\$4,500	1.0000	0.8260	1.0000	0.7160	0.8610	1.0000	0.7160	0.7940	0.8720
2X	\$4,501	\$5,000	1.0000	0.8160	1.0000	0.7050	0.8510	1.0000	0.7050	0.7850	0.8630
2X	\$5,001	\$6,000	1.0000	0.8150	1.0000	0.7030	0.8490	1.0000	0.7030	0.7860	0.8610
2X	\$6,001	\$7,000	1.0000	0.8120	1.0000	0.7000	0.8460	1.0000	0.7000	0.7950	0.8560
2X	\$7,001	\$8,000	1.0000	0.8020	1.0000	0.6870	0.8370	1.0000	0.6870	0.8050	0.8440
2X	\$8,001	\$9,000	1.0000	0.7990	1.0000	0.6750	0.8360	1.0000	0.6750	0.8200	0.8390
2X	\$9,001	\$10,000	1.0000	0.7950	1.0000	0.6610	0.8350	1.0000	0.6610	0.8340	0.8350
2X	\$10,001	\$15,000	1.0000	0.7920	1.0000	0.6190	0.8440	1.0000	0.6190	0.8560	0.8420
2X	\$15,001	\$20,000	1.0000	0.7890	1.0000	0.5810	0.8510	1.0000	0.5810	0.8640	0.8480

Table 100 Family Deductible Limit

b2. TIF Family Limit Definition (Non Preferred) Continued

Family Deductible Limit	Adjusted Plan Deductible From	Adjusted Plan Deductible To	Billing Tier Structure								
			2 Tier		3 Tier			4 Tier			
			Single Factor	Family Factor	Single Factor	2 Party Factor	Family Factor	Single Factor	Couple Factor	EE+Ch(n) Factor	Family Factor
2.5X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2.5X	\$1	\$500	1.0000	0.9290	1.0000	0.9040	0.9380	1.0000	0.9040	0.9010	0.9440
2.5X	\$501	\$1,000	1.0000	0.8920	1.0000	0.8470	0.9080	1.0000	0.8470	0.8580	0.9160
2.5X	\$1,001	\$1,500	1.0000	0.8480	1.0000	0.7790	0.8710	1.0000	0.7790	0.8160	0.8800
2.5X	\$1,501	\$2,000	1.0000	0.8130	1.0000	0.7280	0.8420	1.0000	0.7280	0.7850	0.8510
2.5X	\$2,001	\$2,500	1.0000	0.7870	1.0000	0.6910	0.8180	1.0000	0.6910	0.7640	0.8270
2.5X	\$2,501	\$3,000	1.0000	0.7650	1.0000	0.6640	0.7980	1.0000	0.6640	0.7490	0.8060
2.5X	\$3,001	\$3,500	1.0000	0.7460	1.0000	0.6430	0.7790	1.0000	0.6430	0.7350	0.7870
2.5X	\$3,501	\$4,000	1.0000	0.7300	1.0000	0.6240	0.7630	1.0000	0.6240	0.7220	0.7700
2.5X	\$4,001	\$4,500	1.0000	0.7230	1.0000	0.6170	0.7560	1.0000	0.6170	0.7200	0.7620
2.5X	\$4,501	\$5,000	1.0000	0.7210	1.0000	0.6150	0.7540	1.0000	0.6150	0.7260	0.7590
2.5X	\$5,001	\$6,000	1.0000	0.7060	1.0000	0.6010	0.7390	1.0000	0.6010	0.7270	0.7410
2.5X	\$6,001	\$7,000	1.0000	0.6940	1.0000	0.5850	0.7270	1.0000	0.5850	0.7330	0.7260
2.5X	\$7,001	\$8,000	1.0000	0.6880	1.0000	0.5710	0.7240	1.0000	0.5710	0.7470	0.7190
2.5X	\$8,001	\$9,000	1.0000	0.6880	1.0000	0.5590	0.7270	1.0000	0.5590	0.7660	0.7200
2.5X	\$9,001	\$10,000	1.0000	0.6970	1.0000	0.5540	0.7400	1.0000	0.5540	0.7890	0.7300
2.5X	\$10,001	\$15,000	1.0000	0.6930	1.0000	0.5220	0.7450	1.0000	0.5220	0.8010	0.7320
2.5X	\$15,001	\$20,000	1.0000	0.6500	1.0000	0.4590	0.7070	1.0000	0.4590	0.7770	0.6890
3X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3X	\$1	\$500	1.0000	0.8990	1.0000	0.8700	0.9090	1.0000	0.8700	0.8690	0.9150
3X	\$501	\$1,000	1.0000	0.8480	1.0000	0.7970	0.8660	1.0000	0.7970	0.8170	0.8730
3X	\$1,001	\$1,500	1.0000	0.7910	1.0000	0.7150	0.8160	1.0000	0.7150	0.7660	0.8240
3X	\$1,501	\$2,000	1.0000	0.7480	1.0000	0.6560	0.7780	1.0000	0.6560	0.7330	0.7860
3X	\$2,001	\$2,500	1.0000	0.7140	1.0000	0.6140	0.7470	1.0000	0.6140	0.7090	0.7540
3X	\$2,501	\$3,000	1.0000	0.6870	1.0000	0.5850	0.7200	1.0000	0.5850	0.6890	0.7250
3X	\$3,001	\$3,500	1.0000	0.6680	1.0000	0.5660	0.7000	1.0000	0.5660	0.6760	0.7050
3X	\$3,501	\$4,000	1.0000	0.6580	1.0000	0.5570	0.6900	1.0000	0.5570	0.6750	0.6930
3X	\$4,001	\$4,500	1.0000	0.6500	1.0000	0.5490	0.6820	1.0000	0.5490	0.6780	0.6820
3X	\$4,501	\$5,000	1.0000	0.6350	1.0000	0.5340	0.6660	1.0000	0.5340	0.6780	0.6640
3X	\$5,001	\$6,000	1.0000	0.6230	1.0000	0.5190	0.6550	1.0000	0.5190	0.6820	0.6500
3X	\$6,001	\$7,000	1.0000	0.6170	1.0000	0.5050	0.6510	1.0000	0.5050	0.6940	0.6430
3X	\$7,001	\$8,000	1.0000	0.6160	1.0000	0.4930	0.6530	1.0000	0.4930	0.7120	0.6420
3X	\$8,001	\$9,000	1.0000	0.6180	1.0000	0.4820	0.6600	1.0000	0.4820	0.7340	0.6450
3X	\$9,001	\$10,000	1.0000	0.6130	1.0000	0.4610	0.6590	1.0000	0.4610	0.7510	0.6400
3X	\$10,001	\$15,000	1.0000	0.5940	1.0000	0.4260	0.6450	1.0000	0.4260	0.7450	0.6230
3X	\$15,001	\$20,000	1.0000	0.5700	1.0000	0.3850	0.6240	1.0000	0.3850	0.7200	0.6010

Table 101 Deductible Credit

Option	Factor
Included	1.0000
Excluded	0.9900

Table 102 Family Out-of-Pocket Limit

a. Standard Family Limit Definition

Option	Factor
1 x Individual OOP Amount	1.0030
2x Individual OOP Amount	1.0020
2.5x Individual OOP Amount	1.0015
3x Individual OOP Amount	1.0010
2 Individuals	1.0010
3 Individuals	1.0005
None	1.0000

Table 102 Family Out-of-Pocket Limit

b. TIF Family Limit Definition

Tier		Family Limit			
		1X Factor	2X Factor	2.5X Factor	3X Factor
2 Tier	Single	1.0000	1.0000	1.0000	1.0000
2 Tier	Family	1.0050	0.9850	0.9800	0.9700
3 Tier	Single	1.0000	1.0000	1.0000	1.0000
3 Tier	2 Party	1.0050	0.9850	0.9800	0.9700
3 Tier	Family	1.0050	0.9850	0.9800	0.9700
4 Tier	Single	1.0000	1.0000	1.0000	1.0000
4 Tier	Couple	1.0050	0.9850	0.9800	0.9700
4 Tier	EE+Ch(n)	1.0050	0.9850	0.9800	0.9700
4 Tier	Family	1.0050	0.9850	0.9800	0.9700

Table 104 Professional Fee Schedule

State/Market	Product	In Network Rate Factor	Out of Network Rate Factors													
			HIAA 80th	AONR 100%	RBRVS											
					50%	90%	100%	105%	110%	125%	140%	150%	180%	200%	225%	250%
DC	QPOS	1.0000	1.0000	0.6965	0.6186	0.7130	0.7366	0.7484	0.7599	0.7931	0.8242	0.8438	0.8973	0.9285	0.9623	0.9904

Table 104 Professional Fee Schedule con't

State/Market	Product	Out of Network Rate Factors					
		RBRVS					
		275%	300%	325%	350%	375%	400%
DC	QPOS	1.0129	1.0298	1.0410	1.0465	1.0472	1.0472

Table 105 Facility Fee Schedule

State/Market	Product	In Network Rate Factor	Out of Network Rate Factors													
			None	FAC 100%	Medicare											
					50%	90%	100%	105%	125%	140%	150%	175%	200%	225%	250%	275%
DC	QPOS	1.0000	1.0000	0.8038	0.8655	0.8986	0.9069	0.9110	0.9276	0.9400	0.9483	0.9586	0.9690	0.9741	0.9793	0.9897

Table 105 Facility Fee Schedule con't

State/Market	Product	Out of Network Rate Factors				
		Medicare				
		300%	325%	350%	375%	400%
DC	QPOS	1.0000	1.0103	1.0197	1.0280	1.0356

Table 108 National Advantage

	OON	Other
Included	1.0000	1.0000
Excluded	1.0701	1.0000

Table 109 Custom Product

Benefit	Factor
No Custom Benefits	1.0000

Table 110 Step Therapy/Pre-certification Adjustment

Benefit Option	Factor
Basic Precertification Only	1.0000
Add Expanded Precertification and Step Therapy	0.9900
Add Step Therapy Only	0.9950
Add Expanded Precertification Only	0.9950
Add Expanded Precertification after 90 days Only	0.9983
Add Step Therapy after 90 days Only	0.9983
Add Expanded Precertification after 90 days and Step Therapy after 90 days	0.9967
Add Step Therapy and Expanded Precertification after 90 days	0.9933
Add Expanded Precertification and Step Therapy after 90 days	0.9933
Full Pharmacy Step-Therapy and Precertification	0.9867
Pharmacy Benefit Excluded	1.0000

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Table 112 a. Participation

Level	Factor
80 - 100%	1.0000
60 - 79%	1.0000
50 - 59%	1.0000
40 - 49%	1.1000
30 - 39%	1.2000
20 - 29%	1.3000
Under 20%	1.4000

Table 112 b. Virgin Risk

Level	Factor
Manual + 20%	1.2000

* We may potentially modify the +20% if we get medical questionnaires, pharmacy data, or some other indication of the group's likely experience.

Table 113 Mental Health Deductible

Deductible	Factor
\$0	1.0000
\$50	0.9993
\$100	0.9987
\$150	0.9982
\$200	0.9977
\$250	0.9971
\$300	0.9966
\$350	0.9962
\$400	0.9958
\$450	0.9955
\$500	0.9951
\$550	0.9948
\$600	0.9945
\$650	0.9942
\$700	0.9939
\$750	0.9936
\$800	0.9933
\$850	0.9931
\$900	0.9929
\$950	0.9926
\$1,000	0.9924
\$1,250	0.9914
\$1,500	0.9905
\$2,000	0.9892
\$2,500	0.9881
\$3,000	0.9872
\$3,500	0.9865
\$4,000	0.9861
\$4,500	0.9856
\$5,000	0.9851
\$5,500	0.9849
\$6,000	0.9846
\$6,500	0.9844
\$7,000	0.9841
\$7,500	0.9839
\$8,000	0.9837
\$8,500	0.9835
\$9,000	0.9834
\$9,500	0.9832
\$10,000	0.9831
\$15,000	0.9823
\$20,000	0.9816
Not Applicable	0.0000

Table 115 Selection Load

a. Anchor Plan Values - Network 1

Product	Factor
HMO - All Products	1.0000
QPOS - All Products	1.0000

a. Anchor Plan Values - Network 2

Product	Factor
HMO - All Products	1.0000
QPOS - All Products	1.0000

Table 115 Selection Load

b. Selection Load Factor - Network 1

Benefit Adjustment Factor / Anchor Plan Benefit Adjustment Factor	HMO - All Products Factor	QPOS - All Products Factor
< .85	1.0000	1.0000
≥ .85 < .95	1.0000	1.0000
≥ .95 < 1.05	1.0000	1.0000
≥ 1.05 < 1.15	1.0000	1.0000
≥ 1.15	1.0000	1.0000

b. Selection Load Factor - Network 2

Benefit Adjustment Factor / Anchor Plan Benefit Adjustment Factor	HMO - All Products Factor	QPOS - All Products Factor
< .85	1.0000	1.0000
≥ .85 < .95	1.0000	1.0000
≥ .95 < 1.05	1.0000	1.0000
≥ 1.05 < 1.15	1.0000	1.0000
≥ 1.15	1.0000	1.0000

Section IV.

Table 117 Base Plan Component Steerage Factor
Table 123 Steerage Factor - Non Preferred

QPOS - All Products										
Final Non-Pref. to Pref. Benefit Adj. Factor Ratio	Preferred Final Benefit Adjustment Factor									
	< .50 Factor	≥ .50 < .55 Factor	≥ .55 < .60 Factor	≥ .60 < .65 Factor	≥ .65 < .70 Factor	≥ .70 < .75 Factor	≥ .75 < .80 Factor	≥ .80 < .85 Factor	≥ .85 < .90 Factor	≥ .90 Factor
	< .50	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000
	≥ .50 < .55	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000
	≥ .55 < .60	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000
	≥ .60 < .65	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000
	≥ .65 < .70	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000
	≥ .70 < .75	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000
	≥ .75 < .80	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000
	≥ .80 < .85	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000
	≥ .85 < .90	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000
	≥ .90	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000	0.1000

Table 118 Component Base Relativity Factor	
Product	Factor
QPOS - All Products	1.0000

Table 119 Normalized Claim Relativity Factor	
Product	Factor
QPOS - All Products	1.001

Table 122 Trend Factor

QPOS - All Products

	Trend
Effective Date	Factor
01/01/2014	1.000
04/01/2014	0.97 - 1.03
07/01/2014	0.941 - 1.061
10/01/2014	0.913 - 1.093

For each additional quarter or part thereof after 12/31/2014, use prior quarter x 1.03.

Sections V.5. and VI: Tiered Factor Tables

Table 1 Coinsurance Differential (ΔTier 2)

Minimum	Maximum	Factor
0%	0%	0.0000
1%	5%	0.2500
6%	10%	0.5000
11%	15%	0.7500
16%	20%	1.0000
21%	25%	1.2500
26%	30%	1.5000

Table 1b: Coinsurance Limit Impact on Coinsurance Differential

Minimum	Maximum	Factor
0	0	0.0000
1	500	0.3300
501	1000	0.6600
1001	1500	0.7500
1501	2000	0.8800
2001	3000	0.9500
3001	5000	1.0000
5001	999999	1.2000

Table 2 OOP Trigger Differential (ΔTier 2)

Minimum	Maximum	Factor
0.00	0.20	0.2000
0.20	0.40	0.3000
0.40	0.60	0.4000
0.60	0.80	0.5000
0.80	1.00	0.6000
1.00	1.20	0.7000
1.20	1.40	0.8000
1.40	1.60	0.9000
1.60	1.80	1.0000
1.80	2.00	1.1000
2.00	9999.00	1.2000

Table 3 Deductible Differential (ΔTier 2)

Minimum	Maximum	Factor
0	0	0.0000
1	250	0.1000
251	500	0.2500
501	750	0.5000
751	1000	0.7500
1001	1500	0.9000
1501	2000	1.0000
2001	3000	1.5000
3001	4000	2.5000
4001	5000	3.0000
5001	10000	3.0000
10001	999999	3.3000

Table 4 Coinsurance Limit Differential (ΔTier 2)

Minimum	Maximum	Factor
0.00	0.00	0.0000
1.00	250.00	0.2000
251.00	500.00	0.4000
501.00	750.00	0.5000
751.00	1000.00	0.6000
1001.00	1500.00	0.7000
1501.00	2000.00	0.8000
2001.00	3000.00	0.9000
3001.00	4000.00	1.0000
4001.00	5000.00	1.0500
5001.00	10000.00	1.1500
10001.00	999999.00	1.3000

Table 5 Inpatient Copay/Admit Differential (ΔTier 2)

Minimum	Maximum	Factor
0	0	0.0000
1	50	0.0500
51	100	0.1000
101	150	0.1500
151	200	0.2000
201	250	0.2500
251	300	0.3000
301	350	0.3500
351	400	0.4000
401	450	0.4500
451	500	0.5000
501	550	0.5300
551	600	0.5600
601	650	0.5900
651	700	0.6200
701	750	0.6500
751	800	0.6800
801	850	0.7100
851	900	0.7400
901	950	0.7700
951	1000	0.8000
1001	999999	0.8300

Table 6 Specialist Copay Differential (ΔTier 2)

Minimum	Maximum	Factor
0	0	0.0000
1	5	0.0500
6	10	0.1000
11	15	0.1500
16	20	0.2000
21	25	0.2500
26	30	0.3000
31	35	0.3500
36	40	0.4000
41	45	0.4500
46	50	0.5000
51	55	0.5300
56	60	0.5600
61	65	0.5900
66	70	0.6200
71	75	0.6500
76	80	0.6800
81	85	0.7100
86	90	0.7400
91	95	0.7700
96	100	0.8000
101	999999	0.8300

Table 7a1: Deductible Level Adjustment CS Migration Method

Minimum	Maximum	Factor
0	0	1.2500
1	250	1.1500
251	500	1.1000
501	750	1.0500
751	1000	1.0000
1001	1500	0.9500
1501	2000	0.9000
2001	3000	0.8500
3001	4000	0.7500
4001	5000	0.7000
5001	10000	0.3300
10001	999999	0.2000

Table 7a2: Deductible Level Adjustment SP Migration Method

Minimum	Maximum	Factor
0	0	0.6500
1	250	0.7000
251	500	0.7500
501	750	0.8000
751	1000	0.8500
1001	1500	0.9000
1501	2000	0.9500
2001	3000	1.0000
3001	4000	0.9000
4001	5000	0.8000
5001	10000	0.5000
10001	999999	0.2500

Table 7a3: Deductible Level Adjustment for Copay Plans

Minimum	Maximum	Factor
0	0	1.0000
1	250	0.9800
251	500	0.9600
501	750	0.9400
751	1000	0.9200
1001	1500	0.9000
1501	2000	0.8500
2001	3000	0.8000
3001	4000	0.7500
4001	5000	0.6000
5001	10000	0.4000
10001	999999	0.2000

Table 8 Passive Plan Design Adjustment

Option	Factor
TRUE	0.0000
FALSE	1.0000

Table 9 Incentive or Disincentive Approach

Option	Value	Factor
Incentive	I	-0.0300
Disincentive	D	0.0000

Table 10 Plan Design Migration

Option	CS	SP
Minimum	5%	5%
Maximum	55%	90%

Table 11 Standard Migration

Subnetwork Category	Standard Migration
SPMultitier	60%
CSMultitier	50%
ACOMultitier	60%

Section V.

Table 126 Industry		
SIC Range		
From	To	Factor
111	119	0.9800
131	139	0.9800
161	161	0.9800
171	179	0.9800
181	182	0.9800
191	191	0.9800
211	291	1.0700
711	722	0.9800
723	723	0.9800
724	724	0.9800
741	742	0.9800
751	752	0.9800
761	762	0.9800
781	781	1.0000
782	783	0.9800
811	851	1.0300
912	919	1.1000
921	921	1.0000
971	971	1.0300
1011	1031	1.1500
1041	1044	1.1500
1061	1081	1.1500
1094	1099	1.1500
1221	1222	1.1500
1231	1231	1.1500
1241	1241	1.1500
1311	1321	1.0000
1381	1389	1.0000
1411	1429	1.0300
1442	1446	1.0300
1455	1459	1.0300
1474	1479	1.0300
1481	1499	1.0300
1521	1522	1.0400
1531	1531	1.0900
1541	1541	1.0200
1542	1542	1.0000
1611	1611	1.0300
1622	1629	1.0300
1711	1711	1.0100
1721	1721	1.0100
1731	1731	1.0100
1741	1741	1.0100
1742	1742	1.0100
1743	1743	1.0100
1751	1752	1.0100
1761	1761	1.0100
1771	1771	1.0100
1781	1781	1.0100
1791	1791	1.0100
1793	1793	1.0100
1794	1794	1.0100
1795	1795	1.0100
1796	1796	1.0100
1799	1799	1.0100
2011	2015	1.0000
2021	2035	1.0000
2037	2048	0.9800
2051	2052	0.9800
2053	2053	0.9800
2061	2063	0.9800
2064	2068	0.9800
2074	2079	0.9800
2082	2087	0.9800
2091	2091	0.9800
2092	2092	0.9800
2095	2095	0.9800
2096	2096	0.9800
2097	2097	0.9800
2098	2098	0.9800
2099	2099	0.9800
2111	2141	1.0000
2211	2211	1.0000
2221	2221	1.0000
2231	2231	1.0000
2241	2241	1.0000
2251	2259	1.0000
2261	2269	1.0000
2273	2273	1.0000
2281	2284	1.0000
2295	2299	1.0000
2311	2329	0.9800
2331	2342	0.9800
2353	2353	0.9800
2361	2369	0.9800
2371	2399	1.0000
2411	2411	1.0000
2421	2429	1.0000

SIC Range		
From	To	Factor
2431	2431	1.0300
2434	2434	0.9700
2435	2435	0.9700
2436	2436	0.9700
2439	2439	0.9700
2441	2449	0.9700
2451	2452	0.9700
2491	2499	0.9700
2511	2519	0.9700
2521	2522	0.9700
2531	2531	0.9700
2541	2542	0.9700
2591	2599	0.9700
2611	2611	1.0300
2621	2621	1.0300
2631	2631	1.0300
2652	2657	1.0300
2671	2679	1.0300
2711	2711	1.0000
2721	2789	1.0000
2791	2796	1.0000
2812	2819	1.0000
2821	2824	1.0000
2833	2834	1.0400
2835	2836	1.0000
2841	2844	0.9800
2851	2851	0.9800
2861	2869	0.9800
2873	2879	0.9800
2891	2891	0.9500
2892	2892	0.9500
2893	2895	0.9500
2899	2899	0.9500
2911	2952	1.0300
2992	2999	1.0300
3011	3011	0.9800
3021	3069	0.9800
3081	3089	0.9600
3111	3111	1.0000
3131	3149	1.0000
3151	3199	1.0000
3211	3211	1.0200
3221	3231	1.0200
3241	3241	1.0200
3251	3259	1.0200
3261	3269	1.0200
3271	3275	1.0200
3281	3281	1.0200
3291	3291	1.0200
3292	3292	1.0200
3295	3299	1.0200
3312	3317	1.0400
3321	3325	1.0400
3331	3339	1.0400
3341	3341	1.0400
3351	3357	1.0400
3363	3369	1.0400
3398	3399	1.0400
3411	3412	0.9400
3421	3429	0.9400
3431	3433	0.9400
3441	3441	0.9400
3442	3442	1.0000
3443	3443	0.9800
3444	3444	0.9800
3446	3446	0.9800
3448	3448	0.9800
3449	3449	0.9800
3451	3452	0.9800
3462	3469	0.9800
3471	3479	0.9800
3482	3483	0.9800
3484	3484	0.9800
3489	3489	0.9800
3491	3499	0.9700
3511	3519	0.9700
3523	3524	0.9700
3531	3537	0.9800
3541	3549	0.9500
3552	3569	0.9500
3571	3579	0.9500
3581	3589	0.9500
3592	3599	0.9500
3612	3613	0.9900
3621	3648	0.9900
3651	3652	0.9900
3661	3669	0.9900

SIC Range		
From	To	Factor
3671	3679	0.9900
3691	3699	0.9900
3711	3716	1.0000
3721	3728	0.9500
3731	3731	0.9500
3732	3732	0.9500
3743	3743	0.9500
3751	3751	0.9500
3761	3769	0.9500
3792	3792	0.9500
3795	3795	0.9500
3799	3799	0.9500
3812	3812	0.9400
3821	3829	1.0100
3841	3845	1.0100
3851	3851	1.0100
3861	3861	0.9400
3873	3873	0.9400
3911	3915	0.9400
3931	3931	1.0000
3942	3949	1.0000
3951	3955	0.9700
3961	3965	0.9700
3991	3999	0.9700
4011	4013	1.0200
4111	4119	1.0600
4121	4121	1.1200
4131	4131	1.0600
4141	4142	1.0600
4151	4151	1.0300
4173	4173	1.0400
4212	4212	1.0200
4213	4214	1.0200
4215	4215	1.0200
4221	4221	1.0200
4222	4222	1.0200
4225	4225	1.0200
4226	4226	1.0200
4231	4231	1.0200
4311	4311	1.0000
4412	4412	1.0200
4424	4424	1.0200
4432	4432	1.0200
4449	4449	1.0200
4481	4489	1.0200
4491	4499	1.0200
4512	4513	0.9500
4522	4522	0.9500
4581	4581	0.9500
4612	4619	1.0500
4724	4729	1.0800
4731	4731	0.9800
4741	4789	0.9800
4812	4813	1.0000
4822	4899	1.0200
4911	4911	0.9700
4922	4925	1.0000
4931	4939	0.9500
4941	4941	0.9500
4952	4959	0.9500
4961	4961	0.9500
4971	4971	0.9500
5012	5015	1.0000
5021	5021	1.0000
5023	5023	1.0000
5031	5039	1.0400
5043	5049	1.0200
5051	5052	1.0200
5063	5064	1.0200
5065	5065	1.0200
5072	5078	1.0000
5082	5087	1.0000
5088	5088	1.0000
5091	5092	1.0000
5093	5093	1.1200
5094	5099	0.9400
5111	5113	1.0000
5122	5122	0.9800
5131	5139	1.0200
5141	5149	0.9800
5153	5153	0.9800
5154	5159	0.9800
5162	5169	0.9800
5171	5172	0.9800
5181	5182	0.9800
5191	5199	1.0200
5211	5211	1.0300

Table 126 Industry (continued)

SIC Range		
From	To	Factor
5231	5231	1.0300
5251	5261	1.0300
5271	5271	1.0300
5311	5399	0.9700
5411	5411	1.0000
5421	5421	1.0000
5431	5431	1.0000
5441	5441	1.0000
5451	5451	1.0000
5461	5461	1.0000
5499	5499	1.0000
5511	5511	1.1000
5521	5521	1.1000
5531	5531	1.1000
5541	5541	1.1000
5551	5551	1.1200
5561	5561	1.1200
5571	5571	1.1200
5599	5599	1.1200
5611	5651	0.9600
5661	5661	0.9600
5699	5699	0.9600
5712	5719	1.0200
5722	5722	1.0400
5731	5736	0.9700
5812	5812	1.0000
5813	5813	1.0500
5912	5912	0.9700
5921	5921	1.0600
5932	5932	1.0000
5941	5949	0.9700
5961	5963	1.0500
5983	5989	1.0500
5992	5992	1.0000
5993	5999	1.0000
6011	6149	1.0000
6153	6163	1.0300
6211	6289	1.0000
6311	6399	1.0300
6411	6411	1.0300
6512	6519	1.0300
6531	6531	1.0300
6541	6553	1.0300
6712	6799	0.9700
7011	7041	0.9800
7211	7219	0.9900
7221	7221	1.0000
7231	7241	1.0500
7251	7251	1.0300
7261	7261	1.0500
7291	7299	1.0300
7311	7311	0.9800
7312	7319	0.9800
7322	7331	1.0300
7334	7334	0.9600
7335	7336	0.9600
7338	7338	0.9600
7342	7349	0.9800
7352	7352	1.0000
7353	7359	1.0000
7361	7363	1.0300
7371	7379	0.9700
7381	7381	0.9700
7382	7382	1.0000
7383	7383	1.0400
7384	7384	1.0400
7389	7389	1.0000
7513	7519	1.0300
7521	7521	1.0300
7532	7539	1.0100
7542	7549	1.0900
7622	7629	1.0000
7631	7641	1.0000
7692	7692	1.0200
7694	7699	1.0200
7812	7833	1.0600
7841	7841	1.0500
7911	7911	1.0900
7922	7929	1.0900
7933	7933	1.0500
7941	7948	1.0500
7991	7996	1.0500
7997	7999	0.9800
8011	8011	1.0800
8021	8021	1.0400
8031	8041	1.0800
8042	8042	1.0400
8043	8049	1.0800
8051	8059	1.0600
8061	8069	1.1200
8071	8071	1.0800

SIC Range		
From	To	Factor
8072	8072	1.0800
8082	8099	1.0600
8111	8111	1.0700
8211	8211	0.9800
8221	8222	0.9800
8231	8231	0.9800
8243	8244	0.9800
8249	8249	0.9800
8299	8299	0.9800
8322	8322	1.0300
8331	8331	1.0300
8351	8351	1.0300
8361	8361	1.0200
8399	8399	1.0200
8412	8422	0.9600
8611	8611	1.0300
8621	8651	1.0300
8661	8661	1.0000
8699	8699	1.0000
8711	8713	1.0000
8721	8721	1.0000
8731	8732	0.9800
8733	8733	0.9800
8734	8734	0.9800
8741	8748	1.0100
8811	8811	1.0500
8999	8999	1.0000
9111	9131	1.0300
9199	9199	1.0300
9211	9211	1.0100
9221	9221	1.1000
9222	9222	1.1000
9223	9223	1.1000
9224	9224	1.1000
9229	9229	1.1000
9311	9311	1.1000
9411	9451	1.0800
9511	9532	1.0300
9611	9661	1.0200
9711	9711	1.0600
9721	9721	1.1000
9999	9999	1.0500

Table 127 Rating Area

Rating Area	HMO - All Products Factor	QPOS - All Products Factor
Western MD	1.0000	1.0000
Baltimore Metro	1.0000	1.0000
Eastern & Southe	1.0000	1.0000
DC Metro	1.0000	1.0000

Table 128a. New Business Subscriber Based Age/Gender

Age Band	Two-Tier Factors			
	Male		Female	
	Single	Family	Single	Family
Under 25	0.3997	0.7373	0.6983	1.1142
025 - 029	0.4295	0.7388	0.8053	0.9455
030 - 034	0.4988	0.8920	0.9454	0.9427
035 - 039	0.6022	0.8925	1.0374	0.9126
040 - 044	0.7747	0.8851	1.1428	0.8308
045 - 049	0.9836	0.9399	1.2202	0.8861
050 - 054	1.2461	1.0658	1.3941	1.0292
055 - 059	1.6134	1.1565	1.5898	1.1961
060 - 064	2.0956	1.3696	1.9279	1.4851
065+	2.1562	1.5336	1.9461	1.7547

Age Band	Three-Tier Factors					
	Male			Female		
	Single	2-Party	Family	Single	2-Party	Family
Under 25	0.3997	0.5572	1.1197	0.6983	1.2272	1.2685
025 - 029	0.4295	0.5601	0.8894	0.8053	0.9672	1.0170
030 - 034	0.4988	0.6642	0.9134	0.9454	1.0152	0.8869
035 - 039	0.6022	0.7354	0.8383	1.0374	0.9907	0.8326
040 - 044	0.7747	0.8043	0.8109	1.1428	0.8362	0.7811
045 - 049	0.9836	0.9113	0.8643	1.2202	0.9570	0.8306
050 - 054	1.2461	1.1620	0.9836	1.3941	1.1795	0.9687
055 - 059	1.6134	1.3636	1.0660	1.5898	1.4407	1.1079
060 - 064	2.0956	1.6663	1.2344	1.9279	1.8101	1.4096
065+	2.1562	1.8830	1.3747	1.9461	2.1603	1.6491

Age Band	Four-Tier Factors							
	Male				Female			
	Single	EE + Sp	EE + Ch(ren)	Family	Single	EE + Sp	EE + Ch(ren)	Family
Under 25	0.3997	0.5668	0.5863	1.1611	0.6983	0.5942	1.7073	1.3087
025 - 029	0.4295	0.6109	0.4871	0.9120	0.8053	0.6917	1.3613	0.9654
030 - 034	0.4988	0.7545	0.5366	0.9228	0.9454	0.8592	1.1520	0.9068
035 - 039	0.6022	0.8960	0.5513	0.8407	1.0374	0.9242	1.0553	0.8513
040 - 044	0.7747	0.9336	0.6829	0.8008	1.1428	0.9798	0.8411	0.8034
045 - 049	0.9836	1.0192	0.7300	0.8500	1.2202	1.1266	0.8503	0.8501
050 - 054	1.2461	1.2269	0.8660	0.9580	1.3941	1.3071	0.9082	0.9877
055 - 059	1.6134	1.3785	1.0766	1.0225	1.5898	1.5240	0.9120	1.1159
060 - 064	2.0956	1.6579	1.2692	1.1835	1.9279	1.8220	1.3234	1.3897
065+	2.1562	1.8642	1.3214	1.3052	1.9461	2.1665	1.3834	1.5362

Section VI.

Table 131 Tier Factors

	Tier	Tier Factor
2-Tier	Single	1.1088
	Family	3.2110
3-Tier	Single	1.1088
	2-Party	2.6106
	Family	3.7084
4-Tier	Single	1.1088
	Par/Child	2.4918
	Couple	2.6504
	Family	3.9215
Medicare	Member	1.1088

Table 132 Dependent Age Adjustment

Age up to	Students	Non-Students
19	-1.6	0.0
20	-1.2	0.4
21	-0.8	0.8
22	-0.4	1.2
23	0.0	1.6
24	0.4	2.0
25	0.8	2.4
26	1.2	2.8
27	1.6	3.2
28*	2.0	3.6

* For each year of age or part thereof beyond 28, add .4 to the last value in the column, not to exceed the factor for age 35.

** Up to the end of the month in which the age is reached. If the limiting

age is to the end of the calendar year or end of the policy year in which the age is reached, add an additional 0.2 to each value in the respective columns.

Section VII.

Table 134a. Administrative Expenses & Profit Factor

Case Size (total lives)	PMPM - Applies to All _ Products		PPACA Fee****	Retention*	Commissions***	Taxes & Assessments	Health Insurer Fee	Reinsurance Contribution
		QPOS						
<= 10		\$36.45	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 50		\$35.90	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 100		\$35.45	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 300		\$33.95	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 1,000		\$31.05	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 1,500		\$27.85	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 3,000		\$26.45	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 4,000		\$25.05	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 5,000		\$24.90	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 7,500		\$24.55	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 10,000		\$24.45	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 20,000		\$24.25	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 35,000		\$24.05	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 70,000		\$23.90	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 100,000		\$23.75	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
>100,000		\$23.55	\$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1

* Retention may be adjusted to reflect case specific circumstances such as inclusion or exclusion of certain programs (i.e. wellness programs), combination of multiple products, case specific commissions, or margin for risk sharing arrangements, etc.

Retention may be reduced to reflect expense savings associated with more efficient processes (such as electronic enrollment, billing, EOB's, etc.). Retention may be increased to reflect additional expenses associated with additional transactions or costs (such as late premium payment, case reinstatements, etc.). This may be a change in the retention factors used to develop the monthly premium, or a separate charge to reflect the additional costs of each transaction.

** The Aexcel Retention percentages should only be used in the retention calculation if an Aexcel Network applies.

*** Aetna's standard is not to include commissions in our premiums. Should the customer instruct Aetna to include a broker fee, final billing rates to the Customer will be modified to reflect the agreed upon schedule.

**** PPACA imposed Patient Centered Outcomes Research Fund Fee.

Table 128b. Renewal Member Based Age/Gender

Age Band	Male	Female
000 - 001	0.5037	0.5314
002 - 004	0.5037	0.5314
005 - 009	0.5037	0.5314
010 -014	0.5037	0.5314
015 - 019	0.5037	0.5314
020 - 024	0.4907	0.8257
025 - 029	0.4968	1.2662
030 - 034	0.5487	1.4998
035 - 039	0.6435	1.3649
040 - 044	0.7854	1.2306
045 - 049	0.9950	1.2839
050 - 054	1.3817	1.5091
055 - 059	1.7860	1.7173
060 - 064	2.2838	2.1165
065+	3.0422	2.5331

Table 129 COBRA

COBRA Penetration	Factor
Under 5%	1.0000
5% - 7%	1.0300
7% - 10%	1.0500
10% - 15%	1.0900
Over 15%	1.1500

Table 138 Out of Network Dental Option

Out-of-Network Dental Option*			
\$100 deductible, 80% of covered services & \$500 Annual Max			
Benefit	Preventive	Basic	Advantage
Single	\$0.81	\$2.99	\$6.02
Family	\$2.51	\$10.05	\$19.27
Single	\$0.81	\$2.99	\$6.02
Two Party	\$1.58	\$5.93	\$11.81
Family	\$2.91	\$11.46	\$22.51
Single	\$0.81	\$2.99	\$6.02
Husband/Wife	\$1.63	\$5.99	\$12.04
Ee w/Child(ren)	\$1.96	\$7.85	\$15.38
Family	\$2.97	\$11.79	\$23.11

*Corresponding In-network dental benefits must accompany each option.

These rates are additive to the selected in-network rider rates.

Table 134a.1 All size groups

Effective Date	Health Insurer Fee (%)	Reinsurance Contribution (PMPM)
January 2014	2.60%	\$5.25
February 2014	2.60%	\$5.25
March 2014	2.60%	\$5.25
April 2014	2.70%	\$4.81
May 2014	2.70%	\$4.81
June 2014	2.70%	\$4.81
July 2014	2.80%	\$4.38
August 2014	2.80%	\$4.38
September 2014	2.80%	\$4.38
October 2014	2.90%	\$3.94
November 2014	2.90%	\$3.94
December 2014	2.90%	\$3.94
January 2015	3.00%	\$3.50
February 2015	3.00%	\$3.50
March 2015	3.00%	\$3.50
April 2015	2.90%	\$3.19
May 2015	2.90%	\$3.19
June 2015	2.90%	\$3.19
July 2015	2.80%	\$2.88
August 2015	2.80%	\$2.88
September 2015	2.80%	\$2.88
October 2015	2.70%	\$2.56
November 2015	2.70%	\$2.56
December 2015	2.70%	\$2.56
January 2016	2.60%	\$2.25
February 2016	2.60%	\$2.25
March 2016	2.60%	\$2.25
April 2016	2.73%	\$1.69
May 2016	2.73%	\$1.69
June 2016	2.73%	\$1.69
July 2016	2.85%	\$1.13
August 2016	2.85%	\$1.13
September 2016	2.85%	\$1.13
October 2016	2.98%	\$0.56
November 2016	2.98%	\$0.56
December 2016	2.98%	\$0.56
January 2017	3.10%	\$0.00

b. Family Size Adjustment

Member to Subscriber Ratio	PMPM
<= 1.49	\$1.10
1.50 to 1.79	\$0.00
1.80 to 2.39	\$0.00
2.40 to 2.79	\$0.00
>= 2.8	(\$2.00)

c. ERISA Adjustment

Applicability	PMPM
ERISA Plan	\$0.00
non-ERISA Plan	\$0.75

State:	District of Columbia	Filing Company:	Aetna Health Insurance Company
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002B Any Size Group - POS		
Product Name:	Aetna Health Insurance Company		
Project Name/Number:	DCAHICLG1Q14/		

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	Please see the attachment "1Q14 DC QPOS Supporting Documentation.pdf" in the "Actuarial Justification" section.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	Please see the attachment "1Q14 DC QPOS Supporting Documentation.pdf" in the "Actuarial Justification" section.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Attached, please find the 1Q14 DC Large Group rate filing submission for Aetna Health Insurance Company. The attachments include: our NAIC Transmittal form, the Large Group Actuarial Certification, our cover letter including form numbers, and other supporting documents. The rate manual pages mentioned in the cover letter have been attached under the Rate/Rule Schedule tab.
Attachment(s):	1Q14 DC QPOS Supporting Documentation.pdf NAIC QPOS Transmittal Doc 1Q14.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	This filing is not for P&C.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	This filing is not for P&C.

State:	District of Columbia	Filing Company:	Aetna Health Insurance Company
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002B Any Size Group - POS		
Product Name:	Aetna Health Insurance Company		
Project Name/Number:	DCAHICLG1Q14/		

Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Not Applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Not Applicable. This is a large group filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	Not Applicable. This is a large group filing.
Attachment(s):	
Item Status:	
Status Date:	



980 Jolly Road
Mail Stop U12S
Blue Bell, PA 19422

November 22, 2013

Mr. Efren Tanhehco
Supervising Actuary
District of Columbia Department of Insurance Securities and Banking
Actuarial Analysis Division
810 First Street, NE Suite 701
Washington, D.C. 20002

RE: Aetna Health Insurance Company - DC
NAIC Number: 72052
District of Columbia Large Group New Business
[DCAHICLG1Q14](#)
Effective dates [January 1, 2014 – December 31, 2014](#)
Forms: see attached for list of form numbers

Dear Mr. Tanhehco:

I am writing to seek approval for the attached Initial Rate Filing for Aetna Health Insurance Company (AHIC). This filing is for effective dates [January 1, 2014 through December 31, 2014](#).

The requested rates conform to the benefit plan provisions required by the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010.

In accordance with the Health Insurance Rate Filing Procedures, we have included the following:

- An actuarial certification and an NAIC form.
- An actuarial memorandum.
- Rate manual pages.

The purpose of this filing is to comply with the District of Columbia, Department of Insurance, Securities and Banking, DC ST § 31-3311.04. This filing is not intended to be used for other purposes.

Please contact me at 215-775-0083 if you have any questions regarding the attached information.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Walker".

[David M. Walker, ASA, MAAA](#)
ACT Actuarial SE

Enclosure

AETNA HEALTH INSURANCE COMPANY
(formerly Corporate Health Insurance Company)

LARGE GROUP OUT-OF-NETWORK AHIC

FORM NUMBER

CHIDC GP-1 0402

CHI/DC INSCT-1-A (10/01)

CHI DC SBQPOS-2 06-06

To: Aetna Health Insurance Company

From: David M. Walker, ASA, MAAA

Date: November 22, 2013

Re: **Actuarial Certification of Premium Rates**

I, David M. Walker, am an employee of Aetna Health Insurance Company and a member of the American Academy of Actuaries. I have reviewed the enclosed rates submitted by Aetna Health Insurance Company for the District of Columbia.

These rates reflect the negotiated prices from the provider contracts and the expected utilization experience of the plan.

I relied upon financial records and summaries prepared by responsible officers and employees of Aetna. I also relied on guidance from responsible employees of Aetna for regulatory compliance matters. In other respects, my analysis included review of assumptions that I considered necessary.

For preparation of the rates, items identified above:

- (i) are computed in accordance with commonly accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- (ii) meet the requirements of the District of Columbia,
- (iii) make a good and sufficient provision for all unpaid claims of the organization under the terms of its contracts and agreements, and
- (iv) include appropriate provision for all actuarial items which ought to be established where allowed by law.

A manual rate target medical loss ratio of 77.0% was used in the development of the manual rates. These rates are appropriate for quotes delivered for effective dates beginning January 1, 2014.

This rate filing conforms with the benefit plan provisions required by the Patient Protection and Affordability Act (P.L. 111-148) of 2010. This filing is made in accordance with all the applicable Actuarial Standards of Practice, including ASOP No. 8.

In my opinion, the enclosed rates are reasonable in relation to the anticipated experience of Aetna Health, Inc. They are neither excessive nor inadequate, nor unfairly discriminatory.



November 22, 2013

David M. Walker
ASA, MAAA

Date

Aetna Health Insurance Company
District of Columbia
Summary of Rate Manual Changes
Effective [January 1, 2014](#)

Outside of the normal quarterly changes such as base rate, trend, and area factor, the following changes have been made effective [January 1, 2014](#).

Large Group Rate Manual Sections B

Medical Benefit Factors

Any changes to our medical benefit options and/or factors have been highlighted and the appropriate rate manual pages have been included.

Participation/Virgin Risk Factor

We added a Participation/Virgin Risk Factor table to allow for adjustments based on if a group's participation falls below 50% or if a group is offering coverage for the first time.

Trend Factors

We are filing our future quarterly rate increases as a range from -3.0% to +3.0%.

Administrative Expenses and Profit Factor

We have updated our PMPM retention factors, and have included Health Insurer Fee % and Reinsurance Contribution PMPM for 2014 and forward.

Aetna Health Insurance Company – District of Columbia
QPOS Large Group Business

Actuarial Memorandum

Statement of Purpose for Filing

This actuarial memorandum supports DC QPOS commercial base rates for large groups (groups with 101 or more eligible subscribers) effective [January 1, 2014 through December 31, 2014](#) for Aetna Health Insurance Company.- [District of Columbia](#).

The purpose of this memorandum is to comply with the [District of Columbia, Department of Insurance, Securities and Banking, Health Insurance Rate Filing Procedures](#) and to provide adequate supporting information for our proposed rates pursuant to the [DC Official Code, Title 31, Subtitle IV, Chapter 34](#).

This rate filing conforms with the benefit plan provisions required by the Patient Protection and Affordability Act (P.L. 111-148) of 2010.

A. Description of Benefits

The Aetna Health Inc. – [District of Columbia](#) offers group medical benefit coverage for the inpatient, outpatient, primary care and specialist services listed on pages B-13 through B-15 of our rate manual as well as riders such as pharmacy, vision, self Injectables, DME and vision. The rate manual includes tables of adjustments for certain benefit variations and co-payment options. Section B addresses the base medical benefits.

B. Renewability Provision

Group contracts are effective for a 12 month period at the end of which they are renewable upon agreement between both Aetna and the employer.

C. Applicability

The benefit plans and corresponding rates apply to large group new business. For informational completeness, a summary description of renewal methodologies is included as Appendix C.

D. Marketing Method

AHIC uses brokers as well as internal sales staff to market our large group benefit plans.

E. Underwriting Method

[Generally for groups with less than 300 eligible subscribers, Aetna requires the completion of a group medical questionnaire. We may use the information contained in the questionnaire to adjust a case appropriately for the given risk.](#)

F. Issue Age Limits

Not applicable

G. Premium Basis

The base claim costs (medical and pharmacy) for this filing was for dates of service [July 2012 through June 2013 paid thru June 2013](#) (our most recent 12 months of experience data) projected forward to the rating period (1Q14-4Q14) and then retention added.

H. Nature of Rate Change and Proposed Rate/Methodology Change

There are no proposed rating methodology changes proposed in this rate filing. The manual rate change results from the proposed change in manual base rate for our medical and pharmacy riders.

I. For Each Change, Indication if New or Modified

This is a new request for a manual base rate change for this time period.

J. For Each Change Comparison to Status Quo

Not applicable

K. Summary of How Each Proposed Modification Differs from Corresponding Current/Approved Rate/Methodology

There are no proposed rating methodology changes in this rate filing.

L. Summary of Each Proposed New Rule

Not Applicable

M. Overall Premium Impact of Filing on DC Policyholders

The new business quarterly composite manual rate change requested for 1Q14 is 4.5%. The new business annual composite manual rate change requested for 1Q14 is 10.2%. This rate filing does not impact renewing business.

N. Filed Minimum Required Loss Ratio

Not Applicable

O. Interest Rate Assumptions

Not Applicable

P. Trend Assumptions

The full year 2014 projected gross trend assumption used in the development of the 1Q14 manual rates is 10.4%.

Q. Persistency

Not Applicable

R. Long Term Care Insurance

Not Applicable

S. Actuarial Certification

An Actuarial Certification is attached.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	District of Columbia					
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Aetna Health Insurance Co. 1302 Concourse Drive, Suite 402 Linthicum, MD 2109	PA	Accident & Health		72052		

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	David Walker 980 Jolly Road Mail Stop: U12S Blue Bell, PA 19422	(215) 775-0083	(215) 775-6441	WalkerD9@aetna.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	DCAHICLG1Q14
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	HOrg02G Group Health Organizations - Health Maintenance (HMO)
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10.	Product Coding Matrix Filing Code	HOrg02G.002B Any Size Group - POS
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11.	Submitted Documents	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div style="border: 1px solid black; padding: 5px;"> Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div style="border: 1px solid black; padding: 5px;"> SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other - DCLG 1Q14 Rate Manual & Actuarial Certification </div>
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		<input type="checkbox"/> Other _____
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12.	Filing Submission Date	November 22, 2013	
13	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		
	<p>This filing seeks approval of the Aetna Health Insurance Co. Large Group 1Q14 rate manual. This filing is for effective dates January 1, 2014 and later.</p>		

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p>	
<p>Print Name <u>David M. Walker</u> Title <u>ACTUARY I, ACT ACTUARIAL SE</u></p>	
<p>Signature  Date: <u>November 22, 2013</u></p>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

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18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number			N/A	
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			4.5% quarterly manual rate change	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01		See list of form numbers attached to cover letter.	<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

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